

Document No. 3000
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CHAPTER 61

Statutory Authority: S.C. Code Ann. Section 44-61-30 (Supp.2004) and Section 44-78-65 (2002).

R.61-7. Emergency Medical Services

Synopsis:

This amendment shall: bring the regulations up to date with current statutes and practices; update and expand the definitions; include enforcement action procedures with classification of violations and guidelines for monetary penalties; update licensing procedures and requirements; update the standards for ambulance permits; update equipment lists for both ground and air ambulances; update sections related to training and certification of EMTs; add a section which provides for patient records; and revise style, language and grammar for clarity, readability and consistency. See Discussion below and Statement of Need and Reasonableness and Rationale herein.

Discussion of Revisions:

Table of Contents

Section I

Section heading was renumbered from “I” to “100” for clarity and readability. Section title was amended for consistency with other regulations.

New Subsection 101

Subsection heading was added for codification purposes and clarity.

Section II

Section heading was renumbered from “II” to “200” for clarity and readability.

New Subsection 201

Subsection heading was added for codification purposes and clarity.

New Section 300

This entire section was added to address enforcement of regulation issues for consistency with other DHEC regulations. Subsection headings added for sections 301 through 304.

Former Section III

Section heading renumbered from “III” to “400” to accommodate insertion of new Section 300 as well as for clarity and readability. All subsections were renumbered to reflect the new section number.

New Subsections 402, 403, 404, 405, 406, 407, 409:

Notation added to each of the above subsection headings to delineate violation classification.

Old Subsection 304

Deleted heading as this category no longer exists.

Former Section IV

Section heading renumbered from “IV” to “500” to accommodate for insertion of new Section 300 as well as for clarity and readability. Second portion of heading deleted and moved to subsection for codification and clarity. Notation added to delineate violation classification.

New Subsection 501

Subsection heading was added for codification purposes and clarity.

Former Section V

Section heading renumbered from “V” to “600” to accommodate for insertion of new Section 300 as well as for clarity and readability. All subsections were renumbered to reflect the new Section number.

Former Section VI.

Section heading renumbered from “VI” to “700” to accommodate for insertion of new Section 300 as well as for clarity and readability. Notation added to delineate violation classification. All subsections were renumbered to reflect the new Section number.

Former Section VII.

Section heading renumbered from “VII” to “800” to accommodate for insertion of new Section 300 as well as for clarity and readability. All subsections were renumbered to reflect the new Section number.

New Subsections 804, 805, 809, 810, 811, 812, 813:

Notations added to each of the above subsection headings to delineate violation classification.

Former Section VIII

Section heading renumbered from “VIII” to “900” to accommodate for insertion of new Section 300 as well as for clarity and readability. Deleted archaic term from section title. All subsections were renumbered to reflect the new section number.

New Subsections 901, 902, 907:

Notations added to each of the above subsection headings to delineate violation classification.

New Subsection 907:

Deleted redundant term in title.

Former Section IX

Section heading renumbered from “IX” to “1000” to accommodate insertion of new Section 300 as well as for clarity and readability. Notation added to delineate violation classification.

Former Section X

Section heading renumbered from “X” to 1100 to accommodate insertion of new Section 300 as well as for clarity and readability. Notation added to delineate violation classification.

Former Section XI

Section heading renumbered from “XI” to “1200” to accommodate insertion of the new Section 300 as well as for clarity and readability. All subsections were renumbered to reflect the new Section number and notations added to each to delineate violation classification.

New Section 1300

Entire section added to address patient care reports and to be consistent with other DHEC regulations. Subsection headings added for 1301 through 1303.

Former Section XII

Section heading renumbered from “XII” to “1400” to accommodate insertion of new Sections 300 and 1300 as well as for clarity and readability. All subsections were renumbered to reflect the new Section number.

New Subsections 1405, 1406, 1407, 1408:

Notations added to each of the above subsection headings to delineate violation classification.

New Section 1500

This section was added to address severability to be consistent with other DHEC regulations. Subsection heading added for 1501.

New Section 1600

This section was added to address conditions which are not specifically outlined in these regulations to be consistent with other DHEC regulations. Subsection heading added for 1601.

Body of Document

Section 100

Former Section I was renumbered to 100 to reflect new numbering system. Section title amended to be consistent with other DHEC regulations.

101

Subsection heading added for codification and consistency.

Section 200

Former Section II was renumbered to 200 to reflect new numbering system. Definitions within this section shall be moved and placed in alphabetical order.

201

Subsection heading added for codification and consistency.

201.A

First sentence deleted and moved to introduce this section. Definition from 200.J inserted to begin placement of definitions in alphabetical order. Added “ALS” for clarity.

201.B

Definition deleted and replaced with definition from 200.K.

201.C

Definition deleted and replaced with definition from 200.E.

201.D

Definition deleted and replaced with definition from 200.R. Punctuation inserted for grammatical consistency.

201.E

Definition deleted and replaced with new definition for “Condition Requiring an Emergency Response.”

201.F

Definition deleted and replaced with definition from former 200.C. Stylistic change made to first portion of inserted definition for clarity and consistency.

201.G

Definition deleted and replaced with new definition for “Convalescent Vehicle.”

201.H

Definition deleted and replaced with new definition for “Emergency Transport.”

201.I

Definition deleted and replaced with definition from former 200.B. Stylistic change made to first portion of inserted definition for consistency. Definition updated to include levels of certification for clarity.

201.J

Definition deleted and replaced with definition from 200.Q. Punctuation inserted for grammatical consistency.

201.K

Definition deleted and replaced with definition from former 200.H.

201.L

Definition deleted and replaced with definition from former 200.G.

201.M

Definition deleted and replaced with definition from former 200.I.

201.N

Definition deleted and replaced with definition from 200.P. Deleted “Extended” from inserted definition to update for current practices.

201.O

Definition deleted entirely as this category shall no longer exist in the amended regulations and replaced with definition from former 200.L

201.P

Definition deleted and replaced with new definition for “Moral Turpitude.”

201.Q

Definition deleted and replaced with new definition for “Nonemergency Transport.”

201.R

Definition deleted and replaced with definition from former 200.M.

New 201.S

New item number added. Definition inserted from former 200.N. Stylistic change made for consistency.

New 201.T

New item added. New definition added for “Revocation.”

New 201.U

New item number added. Definition inserted from former 200.F.

New 201.V

New item number added. Definition inserted from former 200.D. Stylistic change made to beginning for clarity and consistency. Grammatical change for consistency.

New 201.W

New item added. New definition added for “Suspension.”

New 201.X

New item added. New definition added for “The Department.”

New Section 300

This entire section titled “Enforcing Regulations” was added to detail the enforcement of regulations by the Department. All subsections are pursuant to statute and consistent with other DHEC regulations.

New Subsection 301

This subsection addresses general provisions of enforcement and is consistent with other DHEC regulations.

New Subsection 302

This subsection addresses the inspection/investigation process and is consistent with other DHEC regulations.

New Subsection 303

This subsection addresses enforcement actions by the department and is consistent with other DHEC regulations.

New Subsection 304

This subsection addresses the violation of standards classifications, monetary penalty ranges, and appeal process.

Section 400

This entire section was moved from former Section III to allow for the insertion of the New Section 300 and renumbered to Section 400 to reflect new numbering system.

Subsection 401

Former subsection 301 renumbered to 401 to accommodate new section number.

401.A

The term “public entities” was added to the list of potential applicants for licensure to reflect new standards.

401.A.4

The service “director” was added to the list of notifications of change to the Department to reflect new standards.

401.A.5

“Address” was added to the requirements on the personnel roster so the Department may keep an updated address listing in the database for important notices.

401.A.10

Agent phone number and copy of insurance policy was added to the insurance requirement for verification purposes by the Department. The liability coverage and malpractice coverage amounts were increased pursuant to current standard insurance policies and practices in use today.

401.A.11

Moved item to new item 401.A.12 and replaced with copy of current DEA license to be consistent with current practices.

401.A.12

New item number. Inserted wording from former 401.A.11 for consistency and readability.

401.B

Appeal process for disapproved licensure was added for clarity and consistency.

New 401.C.1

This new subsection item was added pursuant to statute to address fines for point loss upon re-inspection of an ambulance.

401.D

Grammatical change for consistency.

401.H

Stylistic change for clarity and consistency.

Subsection 402

Former subsection 302 was renumbered to 402 to accommodate new section number. Notation added to heading to delineate monetary penalty category pursuant to statute.

402.A.1 - 4

Punctuation added for clarity and consistency.

New 402.G

This new subsection item was added to address the mandatory Medical Control Physician Workshop attendance of all new medical control physicians.

Subsection 403

Former subsection 303 was renumbered to 403 to accommodate new section number. Notation added to heading to delineate monetary penalty category pursuant to statute.

403.B

First part of sentence deleted due to change in licensure parameters and words “Shall have” inserted for grammatical purposes.

403.C

Term “onboard” inserted for clarity of personnel placement. Changed words “agreement” to plural form for consistency.

New 403.C.1

New subsection item added to clarify use of lights and sirens by non-emergent transport services.

New 403.C.2

New subsection item added to clarify exceptions made to 403.C.1.

403.D

Capitalized section reference for codification purposes. Reference change to reflect new numbering system.

403.E

Reference change to reflect new numbering system.

403.F

This subsection item was deleted due to current training standards addressed in Section 900.

403.G

This subsection item number was changed to item number 403.F to reflect deletion of former item.

Former Subsection 304.

This entire subsection was deleted. This category no longer exists in current practice.

Subsection 404

Former subsection 305 renumbered to 404 to accommodate new section number and deletion of former subsection 304. Notation added to heading to delineate monetary penalty category pursuant to statute. Term “extended” deleted from title and text as this term is no longer used. Words “onboard the ambulance” were added for clarity of personnel placement. Provisions added for initial applicants without call history to determine licensure category.

Subsection 405

Former subsection 306 renumbered to 405 to accommodate new section number and deletion of former subsection 304. Notation added to heading to delineate monetary penalty category pursuant to statute. Words “onboard the ambulance” were added for clarity of personnel placement. Provisions added for initial applicants without call history to determine licensure category.

Subsection 406

Former subsection 307 renumbered to 406 to accommodate new section number and deletion of former subsection 304. Notation added to heading to delineate monetary penalty category pursuant to statute.

406.A

Reference changes to reflect new numbering system. Verbiage changed for consistency.

406.B

Reference change to reflect new numbering system.

406.E

Reference change to reflect new numbering system.

Subsection 407

Former subsection 308 renumbered to 407 to accommodate new section number and deletion of former subsection 304. Notation added to heading to delineate monetary penalty category pursuant to statute. Wording changes for clarity were made to delineate type of patient and placement of personnel. Verbiage changed from “the” to “these” for clarity.

Subsection 408

Former subsection 309 renumbered to 408 to accommodate new section number and deletion of former subsection 304.

Subsection 409

Former subsection 310 renumbered to 409 to accommodate new section number and deletion of former subsection 304. Notation added to heading to delineate monetary penalty category pursuant to statute.

409.A

Deleted percentage requirement to accommodate smaller agencies. Grammatical change due to deletion.

409.C

Reference change to reflect new numbering system.

409.D

This subsection item was deleted due to current training standards addressed in Section 900.

409.E

This subsection item was renumbered to 409.D to reflect deletion of former item.

Section 500

This entire section was moved from former Section IV to accommodate insertion of New Section 300 and renumbered to Section 500. Last portion of heading deleted and moved to create new subsection heading. Notation added to section title to delineate monetary penalty category pursuant to statute.

501

New subsection heading added for codification purposes and clarity.

501.A

Verbiage changed from “the” to “these” for clarity.

501.B

Verbiage added to clarify air ambulance permit display requirements.

Section 600

This entire section was moved from former Section V and renumbered to Section 600 to accommodate insertion of New Section 300 and new numbering system.

Subsection 601

Former subsection 501 renumbered to 601 to accommodate new section number. Design criteria referencing outdated Federal KKK Specifications have been deleted and verbiage added to clarify minimum criteria for South Carolina.

601.A

Specific reference to Federal KKK Specification deleted and term “most current edition” inserted in its place. Deleted obsolete mirror reference for consistency.

601.B

Color designation deleted and new verbiage lifting the restriction inserted as this requirement is no longer necessary for federal funding.

601.C

This entire subsection item has been deleted and revised to reflect color change. More specific wording was inserted for the location, type, size, color, and quality of markings and emblems for clarity.

601.D.1

Update verbiage to current term.

601.I.1

Update verbiage to current term.

601.I.2

Update verbiage to current term.

601.I.5

Deleted specific reference to type of mirror as it is no longer in use.

601.J

Item heading changed for codification purposes and clarity. All subsections contained within this item have been renumbered for codification purposes.

601.J.2

Added thermostatic option to update to current standards.

601.J.5

Grammatical change for consistency.

601.K

Deleted item for consistency with current practices.

601.L

Renumbered to 601.K to reflect deletion of former item number 601.K. Deleted outdated reference to Federal KKK Specification and inserted “most current edition” in its place. Deleted specific anchoring requirements to bring it current with federal standards. Deleted redundant terminology for readability.

601.M

Renumbered to 601.L to reflect deletion of former item number 601.K. Deleted RF power requirement as this is no longer necessary with current technology. Added verbiage to clarify minimum transmission requirements. Deleted EMS Radio Communication Plan due to it being outdated and no longer used.

New 601.L.1

Added requirement that all radio frequencies be supplied to the Department for disaster situation purposes.

New 601.L.2

Added item to allow for future technological advancements in communication.

601.N

Renumbered to 601.M to reflect deletion of former item 601.K.

601.O

Deleted entire item as intercoms are no longer necessary with current ambulance design standards.

601.P

Renumbered to 601.N to reflect deletion of former items 601.K and 601.O. Deleted placement restriction due to current ambulance design standards.

601.Q

Renumbered to 601.O to reflect deletion of former items 601.K and 601.O.

Section 700

This entire section was moved from Section VI and renumbered to 700 to accommodate new numbering system and insertion of New Section 300. Notation was added to heading to delineate monetary penalty classification pursuant to statute.

Subsection 701

Former subsection 601 was renumbered to 701 accommodate new section number.

701.A

Update verbiage to current term.

701.A.1

Update verbiage to current term.

701.A.2

Update verbiage to current term.

701.B.2

Power supply delineation, valve requirement, and continuous suction requirements were deleted to accommodate current standard suction devices. Age and weight appropriateness added to allow for both pediatric and adult patients. Minimum reservoir verbiage added to allow for larger units.

701.D

Nasopharyngeal airways were added to this requirement to allow for secondary airway maintenance in the event of clenched teeth. As such, the sizes in millimeters were deleted to account for differing measurements between the two devices.

701.F.4

Quotation marks added for grammatical consistency.

701.G

Option for taped tongue blades deleted as commercial bite sticks are the new standard and much safer for the patient.

701.K

Deleted aluminum foil option as commercial occlusive dressings are the new standard and much safer for the patient. Grammatical change to accommodate deletion.

701.O.1

Added appropriate straps to the requirement as these are necessary to secure the device to the patient. Grammatical changes made for clarity and readability.

701.O.2

Added appropriate straps to the requirement as these are necessary to secure the device to the patient.

701.T

Deleted poison kit from required list as Syrup of Ipecac is no longer recommended for use on pediatric patients and is seldom used for adults.

701.U

Renumbered to 701.T to accommodate for deletion of former item. Added requirement for pediatric and adult sizes to account for various patients.

701.V

Renumbered to 701.U to accommodate deletion of former item 701.T.

701.W

Renumbered to 701.V to accommodate deletion of former item 701.T.

701.X

Renumbered to 701.W to accommodate deletion of former item 701.T..

701.Y

Renumbered to 701.X to accommodate deletion of former item 701.T. Specific type of fire extinguisher added for clarity

701.Z

Renumbered to 701.Y to accommodate deletion of former item 701.T. Reflective vests for each crew member added for safety purposes.

701.AA.

Renumbered to 701.Z to accommodate deletion of former item 701.T.

New 701.AA

New items for head and eye protection added for crew member safety.

701.CC.4

New item added to ensure patent airway should intubation attempts fail.

701.CC.5

New item added to ensure visible objects lodged in airway can be cleared.

701.CC.5.1

New item added to further clarify size requirement.

701.CC.5.2

New item added to further clarify size requirement.

Subsection 702

Former subsection 602 was renumbered to 702 to reflect new section number. Reference changed to reflect new numbering system.

702.A

Added verbiage to allow this item to be carried as a medical control option.

702.B

Added size 24 to increase selection for newborn emergencies.

702.E.

Delineated this item as optional equipment according to the medical control physician as not all ambulances within this category should be required to carry it.

702.O

Deleted “ringers lactate” and combination exception from this item to allow for other appropriate solutions.

702.P

Deleted this item entirely from the list as MAST trousers are expensive, consume valuable space, and are rarely used.

Former 702.Q

Renumbered to 702.P to accommodate deletion of former item. Changed term from “needle” to “devices” for clarity and deleted needle size requirement to allow for both pediatric and adult sizes. Added requirements for both pediatric and adult due to new standards.

Former 702.R.

Renumbered to 702.Q to accommodate deletion of former item number 702.P. Added verbiage to allow for both adult and pediatric patients in need of monitoring. Corrected term for accuracy.

Former 702.S

Renumbered to 702.R to accommodate deletion for former item number 702.P. Added fluids to this requirement as they need to be approved by the Medical Control Committee prior to allowing their use.

Former 702.T.

Deleted entire item as this solution is not widely used and should not be mandatory.

New 702.S

Item added to be consistent with subsection 701.

702.S.1

Item added to further clarify size requirement.

702.S.2

Item added to further clarify size requirement.

New 702.T

Item added to be consistent with subsection 701.

New 702.U

Item added for consistency with best practices in needle safety.

New 702.V

Item added to be consistent with federal pediatric mandates.

Subsection 703

Former subsection 603 renumbered to 703 to reflect new section number. Former item numbers one through five and items ten and eleven have been deleted. These items are rarely used and take up much needed space. Former item numbers six through nine are renumbered for codification and to reflect the deletions. Minimum size requirements have been added to new item numbers C and D for clarity.

Former 703.B

This entire item has been deleted as it is redundant.

Subsection 704

Former subsection 604 renumbered to 704 to reflect new section number.

704.A

References changed to reflect new numbering system.

704.B

References changed to reflect new numbering system.

704.C

References changed to reflect new numbering system.

Subsection 705

Former subsection 605 renumbered to 705 to reflect new section number.

705.A

References changed to reflect new numbering system. Verbiage changed for consistency.

705.B

References changed to reflect new numbering system. Verbiage changed for consistency.

Subsection 706

Former subsection 606 renumbered to reflect new section number.

706.C

References changed to reflect new numbering system.

706.E

References changed to reflect new numbering system.

706.E.5

Solution requirement changed to be consistent with subsection 702.

706.E.6

Item deleted to be consistent with subsection 702.

706.E.7

Item renumbered to 706.E.6 to reflect deletion of former item.

706.E.8

Item deleted to be consistent with subsection 702.

706.E.9

Item renumbered to 706.E.7 to reflect deletion of former items.

706.E.10

Item renumbered to 706.E.8 to reflect deletion of former items.

706.F

Referenced changed to reflect new numbering system. Reference of “D” changed to “E” to correct error from previous edition. Verbiage changed to be consistent with changes in subsection 702.

Section 800

This entire section was moved from former Section VII and renumbered to accommodate insertion of new Section 300 and reflect new numbering system. Notation was added to section title to delineate monetary penalty classification pursuant to statute.

Subsection 801

Former subsection 701 was renumbered to 801 to reflect new section number.

Subsection 802

Former subsection 702 was renumbered to 802 to reflect new section number.

802.E

Verbiage added to allow other germicidal agents to be used for decontamination. Reference changed to reflect new numbering system.

802.H

Verbiage deleted to clarify use of cleaning solutions.

Subsection 803

Former subsection 703 was renumbered to 803 to reflect new section number.

803.B

Term updated to current verbiage.

Subsection 804

Former subsection 704 was renumbered to 804 to reflect new section number. Notation added to heading to delineate monetary penalty classification pursuant to statute.

804.D

Requirement that humidifier be dated upon initial use deleted because item is to be used one time only, cleaned and put away making date redundant.

Subsection 805

Former subsection 705 was renumbered to 805 to reflect new section number. Notation added to heading to delineate monetary penalty classification pursuant to statute.

Subsection 806

Former subsection 706 was renumbered to 806 to reflect new section number.

806.E

Reference changed to reflect new numbering system.

Subsection 807

Former subsection 707 was renumbered to 807 to reflect new section number.

Subsection 808

Former subsection 708 was renumbered to 808 to reflect new section number. Archaic term deleted from title for clarity.

808.A

Added verbiage to exempt single use items from the nonpermeable material requirement because such items are to be thrown away after use.

808.B

Deleted archaic term and stylistic change for clarity.

Subsection 809

Former subsection 709 was renumbered to 809 to reflect new section number. Notation added to heading to delineate monetary penalty classification pursuant to statute.

Subsection 810

Former subsection 710 was renumbered to 810 to reflect new section number. Notation added to heading to delineate monetary penalty classification pursuant to statute.

Subsection 811

Former subsection 711 was renumbered to 811 to reflect new section number. Notation added to heading to delineate monetary penalty classification pursuant to statute.

Subsection 812

Former subsection 712 was renumbered to 812 to reflect new section number. Notation added to heading to delineate monetary penalty classification pursuant to statute.

812.B

Term updated to be consistent with subsection 808.

812.C

Reference changed to reflect new numbering system.

Subsection 813

Former subsection 713 was renumbered to 813 to reflect new section number.

Subsection 814

Former subsection 714 was renumbered to 814 to reflect new section number.

Subsection 815

Former subsection 715 was renumbered to 815 to reflect new section number.

815.B

Item revised to address OSHA hand washing standard for clarity.

Section 900

This entire section was moved from former Section VIII and renumbered to accommodate insertion of new Section 300 and reflect new numbering system.

Subsection 901

Former subsection 801 was renumbered to 901 to reflect new section number. Notation was added to heading to delineate monetary penalty classification pursuant to statute.

901.A

Stylistic changes made for clarity and consistency. Verbiage added to denote only those institutions approved by the Department may conduct this training program. Regional EMS training offices were added to the list of approved institutions to disallow monopolies.

901.B

Stylistic changes made for clarity and consistency. Verbiage added to denote only those institutions approved by the Department may conduct this training program. A list of the approved institutions was added for consistency.

901.C

Stylistic changes made for clarity, consistency, and readability. Verbiage updated to bring item to current standards of paramedic training including the curriculum used and institutions approved to conduct this training.

901.D.1

Changed verbiage from “a state” to “the state” for clarity. Added requirement that the examinations must be approved by the Department to ensure quality. Deleted “developed” from this item because the state no longer develops courses.

901.D.2

Changed verbiage from “a state” to “the state” for clarity. Added requirement that the examinations must be approved by the Department to ensure quality.

901.D.3

Changed verbiage from “a state” to “the state” for clarity. Added requirement that the examinations must be approved by the Department to ensure quality. Stylistic changes made for consistency.

901.D.4.a.

Changed verbiage from “a state” to “the state” for clarity. Stylistic changes made for consistency. Verbiage changed from “pursuing” to “recertifying” for clarity.

901.D.4.b.

Deleted last portion of sentence as this exception is no longer applicable under current standards and practices.

901.E.4

Deleted requirement for annual review of protocols because this item is already completed every two years for relicensure and not necessary annually.

901.F

Item changed to clarify procedures applicants must follow to obtain approval by the Department for any type of pilot program.

New 901.G

New item added for clarification and consistency with current practices.

Subsection 902

Former subsection 802 renumbered to 902 to reflect new section number. Notation added to heading to delineate monetary penalty classification pursuant to statute.

902.A

Deleted outdated reference. Clarified position status on ambulance regarding patient care. Revised age for grammatical purposes.

902.A.1

Grammatical change for consistency.

902.A.3

Grammatical change for consistency. Deleted emergency room nurses since RNs are already named. Added “United States” for clarity. Corrected typographical error from “forced” to “forces”. Updated verbiage to include a refresher course and provide provisions for National Registry examinations.

902.A.4

Grammatical change for consistency.

902.C

Changed verbiage from “a state” to “the state” for clarity.

902.D

Added verbiage to delineate this option is only for intermediate and paramedic levels. Added verbiage to clarify option for basic level reactivation under new National Registry guidelines.

902.E

Grammatical change for consistency. Reference change to reflect new numbering system.

New 902.F

Provision added for National Registry credential requirements since the state has adopted National Registry as the standard.

New 902.G

Provision added for denial of certification based on felony indictments or convictions mandated by statute.

Subsection 903

Former subsection 803 renumbered to 903 to reflect new section number.

903.A

Grammatical change for consistency. Stylistic change for consistency. Verbiage changed to reflect new guidelines for reciprocity under the new National Registry standard.

903.B

Stylistic change for consistency. Added “state approved” to delineate which examination is acceptable.

Subsection 904

Former subsection 804 was renumbered to 904 to reflect new section number.

904.A

Stylistic changes for consistency.

904.A.2

Changed typographical error from “medial” to “medical” for clarity. Deleted examination procedures and inserted new guidelines for reciprocity under the new National Registry standard to be consistent with Section 903.

904.B

Added “approved” to be consistent with conditions in section 903. Changed verbiage from “advanced” to “paramedic” for clarity. Stylistic change made for consistency. Deleted sentence regarding out of state candidates as this is addressed in section 904.A.

Subsection 905

Former subsection 805 renumbered to 905 to reflect new section number.

905.A

Stylistic change for consistency.

New 905.B

Added provision that initial certifications must maintain National Registry credential to be consistent with state adoption as National Registry being the standard.

Subsection 906

Former subsection 806 renumbered to 906 to reflect new section number.

906.A

Stylistic change for consistency.

906.B

Former item 906.A.4 renumbered to 906.B for codification and clarity.

New 906.C

Added National Registry provision to be consistent with subsection 905.

Subsection 907

Former subsection 807 renumbered to 907 to reflect new section number. Notation added to heading to delineate monetary penalty classification pursuant to statute.

907.A

Verbiage added to include colleges as approved training institutions. Deleted “state certified” and added “certified and approved by the Department” for clarity.

907.B

Stylistic change for consistency.

907.C

Stylistic change for consistency.

Subsection 908

Former subsection 808 renumbered to 908 to reflect new section number.

908.A

Stylistic change for consistency. Added verbiage to clarify which course is acceptable.

908.B.1

Grammatical change for consistency.

908.B.3

Deleted entire item as requirement no longer used.

908.B.4

Item renumbered to 908.B.3 to reflect deletion of former item. Verbiage changed for consistency.

908.B.5

Item renumbered to 908.B.4 to reflect deletion of former item 908.B.3.

908.B.6

Item renumbered to 908.B.5 to reflect item deletion.

908.B.7

Item renumbered to 908.B.6 to reflect item deletion.

908.C

Grammatical change for consistency.

908.C.1

National Registry and South Carolina credential added to requirement for clarity. Experience increased to five years for consistency. Age change grammatically for consistency.

908.C.2

Item deleted for consistency.

908.C.3

Item renumbered to 908.C.2 to reflect deletion of former item 908.C.2.

908.C.4

Item renumbered to 908.C.3 to reflect deletion. Added word “a” for grammatical purposes.

908.C.5

Item renumbered to 908.C.4 to reflect deletion.

908.C.6

Item renumbered to 908.C.5 to reflect deletion.

908.C.7

Item renumbered to 908.C.6 to reflect deletion. Deleted “a state” and added “the Department” for clarification.

908.D.2

Added South Carolina and National Registry credential for consistency.

908.D.5

Deleted first sentence for consistency with subsection 908.C.

New 908.E

New item added to clarify instructor revocation/suspension parameters pursuant to standards.

Section 1000

This entire section was moved from former Section IX and renumbered to accommodate insertion of new Section 300 and reflect new numbering system. Notations were added to section title to delineate monetary penalty classification pursuant to statute.

1000.B.4

Typographical error corrected.

New 1000.C

This item was added to comply with child labor laws and restrict operation of an emergency vehicle to persons over the age of eighteen.

New 1000.D

This item was added to restrict persons from attending a patient while under felony indictment or with felony convictions pursuant to statute.

New 1000.E

This item was added to identify such individuals undergoing felony indictment or with past felony convictions to the Department so action may be taken pursuant to statute.

Section 1100

This entire section was moved from former Section X and renumbered to accommodate insertion of new Section 300 and reflect new numbering system. Notations were added to section title to delineate monetary penalty classification pursuant to statute.

1100.A

Grammatical change for consistency. Verbiage added to delineate certificate holder.

1100.A.1

A service was added to the eligible complaints so as to allow persons to initiate complaints against a service. Added verbiage to allow the Department to initiate an investigation based upon information other than that of a paper letter.

1100.A.2

Grammatical change for consistency.

1100.B.1

Grammatical change for consistency.

1100.B.16

Grammatical change for consistency.

Section 1200

This entire section was moved from former Section XI and renumbered to accommodate insertion of new Section 300 and reflect new numbering system.

Subsection 1201

Former subsection 1101 was renumbered to 1201 to reflect new section number. Notation was added to heading to delineate monetary penalty classification pursuant to statute.

1201.A.1

References changed to reflect new numbering system. Grammatical change for consistency.

1201.A.2

Malpractice insurance coverage amount increased to update to standard coverage policies and practices in use today.

1201.B.2

Reference changed to reflect new numbering system.

1201.D.7

Verbiage added to include tail rotor illumination for safety.

1201.D.9

New item added to be consistent with best practices and requirements for ground ambulance.

1201.E.1.a

Minimum rotor craft flight hours increased to be consistent with current practices.

1201.E.1.c

Verbiage added to be consistent with criteria listed in 1201.E.1.b.

1201.E.2.a

Minim fixed-wing flight hours increased to be consistent with item 1201.E.1.a.

1201.G.1

Deleted “South Carolina” certification requirement for consistency.

1201.H.1

Second sentence deleted and moved for codification purposes.

1201.H.2

New item created from previous item for codification purposes. Verbiage added for clarity and readability.

Subsection 1202

Former subsection 1102 was renumbered to 1202 to reflect new section number. Notation was added to heading to delineate monetary penalty classification pursuant to statute.

1202.A

Updated verbiage to current term.

1202.B.1

Item revised to be consistent with item number 701.B.2.

1202.D

Item revised to be consistent with item number 701.D.

1202.G

Item revised to be consistent with item number 701.G.

1202.K

Item revised to be consistent with item number 701.K

1202.O.1

Deleted verbiage to allow this to be an optional piece of equipment. Added verbiage for clarity.

1202.O.2

Item revised to be an optional piece of equipment.

1202.T

Item deleted to be consistent with former item number 701.T.

1202.U

Item number changed to 1202.T to reflect deletion of former item. Verbiage added to be consistent with new item number 701.T.

1202.V

Item number changed to 1202.U to reflect deletion of former item 1202.T.

1202.W

Item number changed to 1202.V to reflect deletion of former item 1202.T.

1202.X

Item number changed to 1202.W to reflect deletion of former item 1202.T.

1202.Y

Item number changed to 1202.W to reflect deletion of former item 1202.T. “Halon” deleted and new verbiage “clean agent type” added to allow for newer fire suppression chemicals used onboard helicopters.

1202.Z

Item number changed to 1202.Y to reflect deletion of former item 1202.T. Verbiage added to allow this item to be an optional piece of equipment.

1202.AA

Item number changed to 1202.Z to reflect deletion of former item 1202.T.

New 1202.AA

Item was added to be consistent with item number 701.CC.4.

New 1202.BB

Item as added to be consistent with item number 701.CC.5.

New 1202.BB.1

Item added to clarify size requirement.

New 1202.BB.2

Item added to clarify size requirement.

New 1202.CC

Items added to ensure safety for helicopter crew members.

Subsection 1203

Former subsection 1103 was renumbered to 1203 to reflect new section number. Notation was added to heading to delineate monetary penalty classification pursuant to statute. References were changed to reflect new numbering system.

Subsection 1204

Former subsection 1104 was renumbered to 1204 to reflect new section number. Notation was added to heading to delineate monetary penalty classification pursuant to statute. Reference changed to reflect new numbering system.

1204.A

Verbiage changed to be consistent with item number 702.R.

1204.R

Verbiage changed to be consistent with item number 702.O.

New 1204.S

Item added to be consistent with items added in subsection 1202.

New 1204.T

Item added to be consistent with items added in subsection 1202.

New 1204.T.1

Item added to clarify size requirement.

New 1204.T.2

Item added to clarify size requirement.

New 1204.U

Item added for consistency with best practices in needle safety.

New 1204.V

Item added to be consistent with federal pediatric mandate.

Subsection 1205

Former subsection 1105 renumbered to 1205 to reflect new section number. Notation was added to heading to delineate monetary penalty classification pursuant to statute.

Subsection 1206

Former subsection 1106 renumbered to 1206 to reflect new section number. Notation was added to heading to delineate monetary penalty classification pursuant to statute.

New Section 1300

This entire section titled “Patient Care Reports” was added to address the handling, storage and confidentiality of patient care reports. All subsections are pursuant to statute and consistent with other DHEC regulations.

New Subsection 1301

This new subsection details the responsibilities of the forms control officer.

New Subsection 1302

This new subsection addresses the content of patient care reports and is consistent with other DHEC regulations.

New Subsection 1303

This new subsection addresses report maintenance pursuant to statute and is consistent with other DHEC regulations.

Section 1400

This entire section was moved from former Section XII and renumbered to accommodate new numbering system and the insertion of new Sections 300 and 1300.

Subsection 1401

Former subsection 1200 was renumbered to 1401 to reflect new section number and for consistency.

1401.A

Grammatical change for consistency.

Subsection 1402

Former subsection 1201 was renumbered to 1402 to reflect new section number.

Subsection 1403

Former subsection 1202 was renumbered to 1403 to reflect new section number.

1403.B

Capitalization of “Department” for consistency.

1403.D

Capitalization of “Department” for consistency.

Subsection 1404

Former subsection 1203 was renumbered to 1404 to reflect new section number.

Subsection 1405

Former subsection 1204 was renumbered to 1405 to reflect new section number. Notation was added to heading to delineate monetary penalty classification pursuant to statute.

Subsection 1406

Former subsection 1205 was renumbered to 1406 to reflect new section number. Notation was added to heading to delineate monetary penalty classification pursuant to statute.

Subsection 1407

Former subsection 1206 was renumbered to 1407 to reflect new section number. Notation was added to heading to delineate monetary penalty classification pursuant to statute.

Subsection 1408

Former subsection 1207 was renumbered to 1408 to reflect new section number. Heading was changed to correct typographical error. Notation was made to heading to delineate monetary penalty classification pursuant to statute.

1408.A

Verbiage added for readability.

New Section 1500

This entire section was added to address severability. Section title added for consistency with other DHEC regulations.

Subsection 1501

Verbiage added to specifically address the severability clause required to be consistent with other DHEC regulations.

New Section 1600

This entire section was added to address conditions not specifically outlined in these regulations.

Subsection 1601

Verbiage added for consistency with other DHEC regulations.

Instructions: Replace existing R.61-7, Emergency Medical Services, in its entirety by this amendment.

Text:

REGULATION 61-7 – EMERGENCY MEDICAL SERVICES

Statutory Authority: S.C. Code Ann. Sections 44-61-30 and 44-78-65 (1976 Code of Laws, as amended)

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SECTION 100. SCOPE AND PURPOSE

Section 101. SCOPE OF ACT 1118 OF 1974 AS AMENDED.

- A. Establishment of EMS program.
- B. General licensing, certification, inspection and training procedures.
- C. Establishment of an Emergency Medical Service Council and duties of the Council.
- D. Establishment of the Department of Health and Environmental Control authority for enforcement of these rules and regulations.

SECTION 200. DEFINITIONS.

Section 201. Definitions as stated in the Act.

A. Advanced Life Support (ALS): Treatment of life-threatening medical emergencies through the use of techniques such as endotracheal intubation, administration of drugs or intravenous fluids, cardiac monitoring, and electrical therapy by a qualified person pursuant to these regulations.

B. Advanced Life Support Service: A service provider that in addition to basic life support minimum standard, provides at least 2 EMT's, one of which is an EMT-Intermediate or Paramedic and demonstrates the capability to provide IV therapy, advanced airway care, approved drug therapy, cardiac monitoring and electrical therapy on 80% of all emergency calls.

C. Air ambulance: Any aircraft that is intended to be used for and is maintained or operated for transportation of persons who are sick, injured or otherwise incapacitated.

D. Basic Life Support Service: A service provider that meets all criteria for basic life support minimum standard and is able to provide one EMT-Basic to 100% of all calls.

E. Condition Requiring an Emergency Response: The sudden onset of a medical condition manifest by symptoms of such sufficient severity, including severe pain, that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect without medical attention, to result in:

1. Serious illness or disability;
2. Impairment of a bodily function;
3. Dysfunction of the body; or
4. Prolonged pain, psychiatric disturbance, or symptoms of withdrawal.

F. Continuing education: An educational program designed to update the knowledge and skills of its participants by attending conventions, seminars, workshops, educational classes, labs, symposiums, etc. Points toward recertification may be awarded for successful completion of approved activities.

G. Convalescent vehicle: A vehicle that is used for making nonemergency calls such as scheduled visits to a physician's office or hospital for treatment, routine physical examinations, x-rays or laboratory tests, or is used for transporting patients upon discharge from a hospital or nursing home to a hospital or nursing home or residence, or other nonemergency calls.

H. Emergency Transport: Services and transportation provided after the sudden onset of a medical condition manifesting itself by acute symptoms of such severity, including severe pain, that the absence of medical attention could reasonably be expected to result in the following:

1. Placing the patient's health in serious jeopardy;
2. Causing serious impairment to bodily functions; or
3. Causing serious dysfunction of bodily organ or part;

4. A situation that resulted from an accident, injury, acute illness, unconsciousness, or shock, for example, required oxygen or other emergency treatment, required the patient to remain immobile because of a fracture, stroke, heart attack, or severe hemorrhage.

I. EMT: Emergency Medical Technician. An individual possessing a valid basic, intermediate, or paramedic certificate issued by the State pursuant to the provisions of these Regulations.

J. EMT First Responder Service: A licensed agency providing medical care at the EMT-Basic level or above, as a nontransporting first responder.

K. FAA: Federal Aviation Administration. The agency of the federal government that governs aircraft design, operations, and personnel requirements.

L. Fixed Wing: Any aircraft that uses fixed wings to permit it to take off and fly.

M. Flight Nurse: A licensed registered nurse who is trained in all aspects of emergency care except roadside pickups and who has been so designated by the Department.

N. Intermediate Life Support Service: A service provider that, in addition to basic life support minimum standard, provides at least 2 EMT's, one of which is an EMT-Intermediate or EMT-Paramedic and demonstrates the capability to provide IV therapy and advanced airway care on 80% of all emergency calls.

O. Medical Control: Medical Control is usually provided by a unit's physician who is responsible for the care of the patient by the provider's medical attendants. Actual medical control may be direct by two-way voice communications (on-line) or indirect by standing orders or protocols (off-line) control.

P. Moral Turpitude: Behavior that is not in conformity with and is considered deviant by societal standards.

Q. Nonemergency Transport: Services and transportation provided to a patient whose condition is considered stable. A stable patient is one whose condition reasonably can be expected to remain the same throughout the transport and for whom none of the criteria for emergency transport has been met. Prearranged transports scheduled at the convenience of the service or medical facility will be classified as a nonemergency transport.

R. Off-Line Medical Control Physician: A provider's medical control physician who actually takes responsibility for treatment of patients in the prehospital setting, by standing orders or protocols.

S. On-Line Medical Control Physician: The physician who directly communicates with EMT's regarding appropriate patient care procedures en-route. An on-line medical control physician must be available for all EMT's performing procedures designated as such by the Department.

T. Revocation: The Department has permanently voided a license, permit, or certificate and the holder no longer may perform the function associated with the license, permit, or certificate. The Department will not reissue the license, permit, or certificate for a period of two years for a license or permit and three years for a certificate. At the end of this period, the holder may petition the Department for reinstatement.

U. Rotocraft: A helicopter or other aircraft that uses a rotary blade to permit vertical and horizontal flight without the use of wings.

V. Special purpose ambulance: An ambulance equipped and designated to transport only patients in need of specialized types of care. Examples include neonatal ambulances, cardiac-care ambulances, etc.

W. Suspension: The Department has temporarily voided a license, permit, or certificate and the holder may not perform the function associated with the license, permit, or certificate until the holder has complied with the statutory requirements and other conditions imposed by the Department.

X. The Department: The administrative agency known as the South Carolina Department of Health and Environmental Control.

SECTION 300. ENFORCING REGULATIONS.

Section 301. General.

A. The Department shall utilize inspections, investigations, consultations, and other pertinent documentation regarding an EMT, training facility, instructor, or provider in order to enforce these regulations.

B. The Department reserves the right to make exceptions to these regulations where it is determined that the health and welfare of those being served would be compromised.

Section 302. Inspections/Investigations.

A. An inspection shall be conducted prior to initial licensing of a provider and subsequent inspections conducted as deemed appropriate by the Department.

B. All providers, EMTs, training facilities, and instructors are subject to inspection or investigation at any time without prior notice by individuals authorized by the Department.

C. Individuals authorized by the Department shall be granted access to all properties and areas, objects, equipment, and records, and have the authority to require that entity to make photocopies of those documents required in the course of inspections or investigations. Photocopies shall be used for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identity of individuals in enforcement action proceedings.

Section 303. Enforcement Actions.

When the Department determines that an EMT, provider, instructor, or training facility is in violation of any statutory provision, rule, or regulation relating to the duties therein, the Department may, upon proper notice to that entity, impose a monetary penalty and/or deny, suspend, and/or revoke its certification, license, or authorization.

Section 304. Violation Classifications.

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health, safety, or well-being of the persons being served or a substantial probability that death or serious physical harm could result therefrom. A physical condition or one or more practices, means, methods,

operations, or lack thereof may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation exists after expiration of this time established by the Department may be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health, safety or well-being of those being served. The citation of a Class II violation may specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time may be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices as interpreted by the Department. The citation of a Class III violation may specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time may be considered a subsequent violation.

D. The notations “(I)” or “(II)”, placed within sections of this regulation, indicate that those standards are considered Class I or II violations, if they are not met, respectively. Standards not so annotated are considered Class III violations.

E. In arriving at a decision to take enforcement actions, the Department shall consider the following factors: specific conditions and their impact or potential impact on the health, safety, or well-being of those being served; efforts by the EMT, provider, training facility or instructor to correct cited violations; behavior of the entity in violation that reflects negatively on that entity’s character, such as illegal or illicit activities; overall conditions; history of compliance; and any other pertinent factors that may be applicable to current statutes and regulations.

F. When a decision is made to impose monetary penalties, the following schedule shall be used as a guide to determine the dollar amount:

Frequency of violation
of standard within a
36-month period:

MONETARY PENALTY RANGES

FREQUENCY	CLASS I	CLASS II	CLASS III
1 st	\$300 - 500	\$100 - 300	\$50 - 100
2 nd	\$500 – 1,500	\$300 – 500	\$100 - 300
3 rd	\$1,000 – 3,000	\$500 – 1,500	\$300 - 800
4 th	\$2,000 - 5,000	\$1,000 – 3,000	\$500 –1,500
5 th	\$5,000 - 7,500	\$2,000 – 5,000	\$1,000 – 3,000
6 th or more	\$10,000	\$7,500	\$2,000 – 5,000

G. Any enforcement action taken by the Department may be appealed pursuant to the Administrative Procedures Act beginning with Section 1-23-310.

SECTION 400. LICENSING PROCEDURES.

Section 401. Application.

A. Application for license shall be made to the Department by private firms, public entities, volunteer groups or non-federal governmental agencies. The application shall be made upon forms in accordance with procedures established by the Department and shall contain the following:

1. The name and address of the owner of the licensed provider or proposed licensed provider;
2. The name under which the applicant is doing business or proposes to do business;
3. A description of each ambulance, including the make, model, year of manufacture or other distinguishing characteristics to be used to designate applicant's vehicle.
4. The location and description of the place or places from which the licensed provider is intended to operate. The Department shall be notified within five (5) working days of any expansion of the service or if the headquarters, director or any substation locations are changed.
5. Personnel roster showing EMT's name, address, certification number and expiration date.
6. Type of license applied for.
7. Name, address, and phone number of medical control physician.
8. Name, fax, e-mail, and phone number of person in charge of day-to-day operations.
9. Number of units and level of service provided from each transporting station.
10. Insurance information, to include name of insurance company, agent, phone number and type of coverage. A copy of insurance policy(s) shall be furnished to the Department upon request. The minimum limits of coverage shall be \$1,000,000 liability and \$500,000 malpractice per occurrence.
11. A copy of current Drug Enforcement Agency license, when applicable.
12. Such other information as the Department shall deem reasonable and necessary to a fair determination of compliance with this regulation.

B. The Department shall issue a license valid for a period of two (2) years when it is determined that all the requirements of this regulation have been met. If disapproved, the applicant may appeal in a manner pursuant to the Administrative Procedures Act beginning with Section 1-23-310.

C. Subsequent to issuance of any license, the Department shall cause to be inspected each licensed provider (ambulances, equipment, personnel, records, premises, and operational procedures) whenever that service is initially licensed. Thereafter, services will be inspected by the Department on a random basis with a percentage of permitted ambulances inspected. These random inspections will be conducted dependent upon past compliance history.

1. Pursuant to Section 44-61-70 of the Code, the following fine schedule shall be used when a permitted ambulance or licensed first responder service loses points upon reinspection:

Point Value of Item as Delineated on Inspection Report	Fine for Each Item
2	\$15.00
3	\$25.00

6	\$50.00
9	\$75.00
12	\$100.00

D. The Department is herein authorized, pursuant to Section 44-61-70 of the Code, to suspend or revoke a license so issued at any time it determines that the holder no longer meets the requirements prescribed for operating as a licensed provider.

E. Renewal of any license issued under the provision of this Act shall require conformance with all the requirements of this Act as upon original licensing.

F. The Department shall be notified within five (5) working days when changes of ownership of a licensed provider are impending or occur so that a new license may be issued.

G. The issuance of a license shall not be construed so as to authorize any person, firm, corporation, or association to provide EMT first responder services or ambulance services or to operate any ambulance not in conformity with any ordinance or regulation enacted by any county, municipality or special purpose district or authority.

H. The Department reserves the right to make exceptions to these standards where it is determined that the health and welfare of the community requires the services of the provider. When an "exception" applies to an existing provider, it will continue to meet the standards in effect at the time it was licensed.

I. Conditions which have not been covered in these regulations shall be handled in accordance with the standard practices as interpreted by the Department.

Section 402. Medical Control Physician.(I)

Each licensed provider that provides patient care shall retain a medical control physician to maintain quality control of the care provided, whose functions include the following:

A. Quality assurance of patient care including development of protocols, standing orders, training, policies, and procedures; and approval of medications and techniques permitted for field use by direct observation, field instruction, in-service training or other means including, but not limited to:

1. Patient care report review;
2. Review of field communications tapes;
3. Post-run interviews and case conferences;
4. Investigation of complaints or incident report.

B. The medical control physician shall serve as medical authority for the licensed provider, to perform in liaison with the medical community, medical facilities, and governmental entities.

C. The medical control physician may have disciplinary authority sufficient to oversee the quality of patient care for all EMT's and retain other responsibilities as may be negotiated by agreement with the service.

D. Providers will register their medical control physician with the Department and provide a copy of their current standing orders and authorized drug list signed and dated by medical control physician.

E. The Department must be notified of any change in medical control physician, drug list or standing orders within ten (10) days.

F. The medical control physician may withdraw at his/her discretion, the authorization for personnel to perform any or all patient care procedure(s).

G. All initial Medical Control Physicians must attend a Medical Control Physician Workshop conducted by the Department within 12 months of being designated Medical Control Physician. Failure to attend the above mentioned workshop will result in immediate dismissal from that position.

Section 403. Criteria for License Category of Basic Life Support (Ambulance). (II)
(Minimum Standard):

A. Must have ambulances that are permitted or can be permitted pursuant to these regulations.

B. Shall have no less than five (5) EMT's associated with the provider.

C. Must have staffing patterns, policy and procedure, and if necessary, mutual aid agreements to assure that an ambulance is en route with at least one EMT onboard to all emergent calls within five (5) minutes or the next closest staffed ambulance must be dispatched, excluding prearranged transports. (Minimum crew shall be one driver and one EMT.) Volunteer Services (services not utilizing paid personnel) without on site personnel must have staffing patterns, policy and procedure, and if necessary, mutual aid agreements to assure that an ambulance is en route with at least one EMT onboard to all emergent calls within ten (10) minutes or have the closest staffed ambulance dispatched. (Minimum crew shall be one driver and one EMT.)

1. Non-emergent transport services shall not utilize emergency lights and sirens to a call and shall not utilize lights and sirens from a call unless patient condition deteriorates while on scene or onboard the ambulance.

2. An exception to the above provision regarding utilization of emergency lights and sirens by non-emergent transport services shall be made only when non-emergent transport services are operating under the auspices of a mutual aid agreement with the local emergency transport provider or during a disaster situation.

D. The Department will, upon request, be furnished with staffing patterns, policy and procedure, and mutual aid agreements that assures compliance with the en route times noted in Section 403.C.

E. Industries that provide ambulance service for their employees may exempt the minimum number of EMT's noted in Section 403.B, as long as they meet en route times and staffing requirements of the regulations.

F. The provider maintains records that include, but are not limited to, approved ambulance run reports, employee / member rosters, time sheets, call rosters, training records and dispatch logs that show at least time call received, type call and time unit is en route. Such records are to be available for inspection by the Department with copies furnished upon request.

Section 404. Criteria for License Category – Intermediate Life Support: (Ambulance)(II)

To be categorized as an intermediate life support provider, the provider must meet all criteria established for basic life support, minimum standard. Additionally, the provider must demonstrate sufficient equipping and staffing capability to assure that life support consisting of at least IV therapy and advanced airway care are onboard the ambulance with two EMT's, one of which must be an Intermediate or Paramedic, at least 80% of the time on emergency calls. For initial applicants seeking licensure with no prior call history, category shall be determined by the Department on a case by case basis.

Section 405 Criteria for License Category - Advanced Life Support: (Ambulance)(II)

To be categorized as an advanced life support provider, the provider must meet all criteria established for basic life support, minimum standard. Additionally, the provider must demonstrate sufficient equipping and staffing capability to assure that life support consisting of IV therapy, advanced airway care, cardiac monitoring, electrical therapy and drug therapy, approved by the Department and the unit medical control physician, are onboard the ambulance with a minimum of two EMT's, one of which must be an EMT-Paramedic at least 80% of the time on emergency calls. For initial applicants seeking licensure with no prior call history, category shall be determined by the Department on a case by case basis.

Section 406. Criteria for License Category - Special Purpose Ambulance Provider: (Ambulance)(II)

A. Have an approved vehicle that is in compliance with Section 201.V of these regulations and meets minimum equipment requirements, as delineated in Section 705.

B. Have a medical control physician as delineated in Section 402 of these regulations.

C. Provide the Department with copies of policy and procedure for the operation of the special purpose ambulance.

D. Provide a list of special purpose equipment that is carried on the special purpose ambulance and is approved by the medical control physician for review and approval by the Department.

E. Provide other license information delineated in Section 401 of these regulations.

F. Except during extenuating circumstances, special purpose ambulances shall be used for interfacility transports only.

Section 407. Advanced Life Support Information. (II)

Ambulance service providers professing to provide advanced life support level of care for a patient must at all times transport an ALS patient in an ambulance which is fully equipped as an advanced life support unit, per these regulations, with an EMT-Paramedic, physician or RN, as delineated in these regulations, in the patient compartment.

Section 408. Advertising Level of Care.

Ambulance service providers may not advertise that they provide a level of life support above the category for which they are licensed.

Section 409. Criteria for License Category - EMT First Responder. (II)

A. Personnel assigned to First Responder duty must be currently certified EMT's with no less than five (5) EMT's associated with the provider.

B. Must have staffing patterns, policy and procedure, to assure that a First Responder unit is en route with at least one EMT to all emergent calls within five (5) minutes. Volunteer units (services not utilizing paid personnel) without on site personnel must have staffing patterns, policy and procedure to assure that a First Responder unit is en route with at least one EMT to all emergent calls within ten (10) minutes.

C. The Department will, upon request, be furnished with staffing patterns, policy and procedure to assure compliance with the en route times noted in Section 409.B.

D. The provider maintains records that include, but are not limited to, approved patient care report forms, employee/member rosters, time sheets, call rosters, training records and dispatch logs that show at least time call received, type call and time unit is en route. Such records are to be available for inspection by the Department with copies furnished upon request.

SECTION 500. PERMITS, AMBULANCE.(I)

Section 501. Vehicle and Equipment.

A. Before a permit may be issued for a vehicle to be operated as an ambulance, its registered owner must apply to the Department for an ambulance permit. Prior to issuing an original or renewal permit for an ambulance, the Department shall determine that the vehicle for which the permit is issued meets all requirements as to design, medical equipment, supplies and sanitation as set forth in these regulations of the Department. Prior to issuance of the original permit, if the ambulance does not meet all minimum requirements and loses points during the inspection, no permit will be issued.

B. Permits will be issued for specific ambulances and will be displayed on the lower left-hand corner of the windshield of the ambulance or in the aircraft portfolio, whichever is applicable.

C. No official entry made upon a permit may be defaced, altered, removed or obliterated.

D. Permits may be issued or suspended by the Department.

E. Permits must be returned to the Department when the ambulance or chassis is sold or removed from ambulance service.

SECTION 600. STANDARDS FOR AMBULANCE PERMIT.

Section 601. Ambulance Design and Equipment.

The following designs are hereby established as the minimum criteria for ambulances utilized in South Carolina and are effective with the publication of these regulations. Any emergency ambulance purchased after publication of these requirements must meet the following minimum criteria.

A. Based Unit: Chassis should not be less than three quarter ton. In the case of modular or other type body units, the chassis shall be proportionate to the body unit, weight and size; power train shall be compatible and matched to meet the performance criteria listed in the most current edition of the Federal KKK Specification; maximum effective sized tires; power steering; power brakes; heavy duty cooling system; heavy duty brakes; mirrors; heavy duty front and rear shock absorbers; 70 amp battery; 100 amp alternator; front end stabilizer; driver and passenger seat belts; padded dash; collapsible steering wheel;

door locks for all doors; inside mirror; inside control handles on rear and side doors. Four-wheel drive is recommended for operating in mountainous area during winter months where snow and ice is prevalent, in rough terrain and at the seashores where traction in sand is difficult.

B. Color: There shall be no restrictions concerning the painted color of the ambulance.

C. Emblems and Markings: All items in this section shall be of reflective quality and in contrasting color to the exterior painted surface of the ambulance.

1. There shall be a continuous stripe, of not less than 3" on cab and 6" on patient compartment, to encircle the entire ambulance with the exclusion of the hood panel.

2. Emblems and markings shall be of the type, size and location as follows:

a. Front: The word "AMBULANCE", minimum of 4" in height, shall be in mirror image (reverse reading) for mirror identification by drivers ahead, with a "Star of Life", minimum of 3" height, to the left and right of the word "AMBULANCE." If vehicle design permits, there shall be a "Star of Life" of no less than 12" in height on the front section of the patient compartment.

b. Side: Each side of the patient compartment shall have the "Star of Life" not less than 12" in height. The word "AMBULANCE", not less than 6" in height, shall be under or beside each star. The name of the licensee as stated on their provider's license shall be of lettering not less than 3" in height.

c. Rear: The word "AMBULANCE", not less than 6" in height, and two "Star of Life" emblems of not less than 12" in height.

d. Top (roof): There shall be a "Star of Life" of not less than 32" in height as well as the individual provider's ambulance number (example: unit "23") of not less than 12" in height.

3. Prior to private sale of ambulance vehicles to the public, all emblems and markings in Section 601.C must be removed.

D. Interior Patient Compartment Dimensions:

1. Length: The compartment length shall provide a minimum of 25" clear space at the head and 15" at the foot of a 76" stretcher. Minimum inside length will be 116".

2. Width: Minimum inside width is 69 inches.

3. Height: Inside height of patient compartment shall be a minimum dimension of 60" from floor to ceiling.

E. Access to Vehicle:

1. Driver Compartment.

a. Driver's seat will have an adjustment to accommodate the 5th percentile to 95th percentile adult male.*

*Note: This means that the driver's area will accommodate the male drivers who are 90% of the smallest and largest in stature, which includes weight and size.

b. There shall be a door on each side of the vehicle in the driver's compartment.

c. Separation from the patient area is essential to afford privacy for radio communication and to protect the driver from an unruly patient. Provision for both verbal and visual communication between driver and attendant will be provided by a sliding shatterproof glass partition at upper portion of partition. The bulkhead must be strong enough to support an attendant's seat in the patient area at the top of the patient's head and to withstand deceleration forces of the attendant in case of accident.

2. Patient Compartment:

a. There shall be a door on the right side of the patient compartment near the patient's head area of the compartment. The side door must permit a technician to position himself at the patient's head and quickly remove him from the side of the vehicle should the rear door become jammed.

b. Rear doors shall swing clear of the opening to permit full access to the patient's compartment.

c. All patient compartment doors shall incorporate a holding device to prevent the door closing unintentionally from wind or vibration. When doors are open the holding device shall not protrude into the access area. Special purpose ambulances are exempt as long as access/egress is not obstructed due to wheelchair ramps or other specialized equipment.

d. Spare tire storage shall be positioned such that the tire can be removed without disturbing the patient.

F. Interior Lighting:

1. Driver Compartment: Lighting must be available for both the driver and an attendant, if riding in the driving compartment, to read maps, records, etc. There must be shielding of the driver's area from the lights in the patient compartment.

2. Patient Compartment: Illumination must be adequate throughout the compartment and provide an intensity of 40-foot candles at the level of the patient for adequate observation of vital signs, such as skin color and pupillary reflex, and for care in transit. Lights should be controllable from the entrance door, the head of the patient, and the driver's compartment. Reduced lighting level may be provided by rheostat control of the compartment lighting or by a second system of low intensity lights.

G. Illumination Devices:

1. Illumination Devices: Flood and load lights - there shall be at least one flood light mounted not less than 75" above the ground and unobstructed by open doors located on each side of the vehicle. A minimum of one flood light, with a minimum of 150 lumens equivalent, shall be mounted above the rear doors of the vehicle.

2. Warning lights - at a minimum alternating flashing red lights must be on the corners of the ambulance so as to provide 360° conspicuity.

3. Flares: Six red reflectorized or chemically induced illumination devices may be substituted for flares. Combustible type flares are not acceptable.

4. One set battery jumper cables, minimum 04 gauge copper, 600 amp rating.

H. Seats:

1. A seat for both driver and attendant will be provided in the driver's compartment with armrests on each side of driver's compartment.

2. Technician (Patient Compartment): two fixed seats, padded, 18" wide 18" high; to head of patient behind the driver, the other one may be square bench type located on curb (right) side of the vehicle. Space under the seats may be designed as storage compartments.

I. Safety Factors for Patient Compartment:

1. Stretcher Fasteners: Crash-stable fasteners must be provided to secure a primary and secondary stretcher.

2. Stretcher Restraint: If the stretcher is floor supported on its own support wheels, a means shall be provided to secure it in position under all conditions. These restraints shall permit quick attachment and detachment for quick transfer of patient.

3. Patient Restraint: A restraining device shall be provided to prevent longitudinal or transverse dislodgement of the patient during transit, or to restrain an unruly patient to prevent further injury or aggravation to the existing injury.

4. Safety Belts for Drivers and Attendants:

a. Quick-release safety belts will be provided for both driver and attendants, plus all seated patients (squad bench). These safety belts will be retractable and self-adjustable.

5. Mirrors:

a. There shall be two exterior rear view mirrors, one mounted on the left side of the vehicle and one mounted on the right side. Location of mounting must be such as to provide maximum rear vision from the driver's seated position.

b. There shall be an interior rear view mirror to provide the driver with a view of occurrences in the patient compartment.

6. Windshield Wipers and Washers:

a. Vehicle is to be equipped with two electrical windshield wipers and washers in addition to defrosting and defogging systems.

7. Sun Visors:

a. There shall be a sun visor for both driver and attendant.

J. Environmental Equipment: Driver/Patient Compartment.

1. Heating: Shall be capable of heating the compartment to a temperature of 75⁰ F. within a reasonable period while driving in an ambient temperature of 0⁰ F. It must be designed to recirculate inside air, also be capable of introducing 20% of outside air with minimum effect on inside temperature. Fresh air intake shall be located in the most practical contaminant-free air space on the vehicle.

2. Heating Control: Heating shall be thermostatically or manually controlled. The heater blower motors must be at least a three (3) speed design. Separate switches will be installed in patient compartment.

3. Air Conditioning: Air Conditioning shall have a capacity sufficient to lower the temperature in the driver's and patient's compartment to 75⁰ F within a reasonable period and maintain that temperature while operating in an ambient temperature of 95⁰ F. The unit must be designed to deliver 20% of fresh outside air of 95⁰ F. ambient temperature while holding the inside temperature specified. All parts, equipment, workmanship, etc., shall be in keeping with accepted air conditioning practices.

4. Air Conditioning Controls: The unit air delivery control may be manual or thermostatic. The reheat type system is not required in the driver's compartment unit. Switches or other controls must be within easy reach of the driver in his normal driving position. Air delivery fan motor shall be at least a three (3) speed design. Switches and other control components must exceed in capacity the amperage and resistance requirements of the motors.

5. Insulation: The entire body, side, ends, roof, floor, and patient compartment doors shall be insulated to minimize conduction of heat, cold, or external noise entering the vehicle interior. The insulation shall be vermin and mildew-proof, fireproof, non-hygroscopic, non-setting type. Plywood floor when undercoated will be considered sufficient insulation for the floor area.

K. Storage Cabinets: All cabinets must meet the criteria as stated in the most current edition of the Federal KKK Specifications as to types of surfaces, design and storage. Cabinets must be of sufficient size and configuration to store all necessary equipment. All equipment must be accessible to attendant at all times.

L. Two-Way Radio Mobile: Two way radio mobile equipment shall be included which will provide a reliable system operating range of at least a 20 mile radius from the base station antenna. The mobile installation shall provide microphones for transmitting to at least medical control and receiving agencies, at both the driver's position and in the patient's compartment. Selectable speaker outputs, singly and in combination, shall be provided at the driver's position, in the patient's compartment, and through the PA system.

1. All radio frequencies utilized by a licensed service will be provided to the Department.

2. In the event technological advancements render the above components obsolete, the Department shall make determinations as to the efficacy of proposed technology on an individual basis prior to allowing their use.

M. Siren-Public Address: Siren and public address systems shall be provided. If a combined electronic siren and public address system is provided, in siren operation, the power output shall be 100 watts. In voice operation the power output shall be 45 watts through two exterior mounted speakers. The public address amplifier shall be independent of the mobile radio unit.

N. Antenna: Rooftop mounted with coaxial cable.

O. Glass Windows: All windows, windshield and door glass must be shatterproof.

SECTION 700. EQUIPMENT(II).

Section 701. Minimum Ambulance Medical Equipment.

Effective the date of these Rules and Regulations, all ambulances will be required to be equipped with, but not limited to the following:

A. Minimum of two stretchers.

1. One multilevel, elevating, wheeled stretcher with elevating back. Two patient restraining straps (chest and thigh) minimum, at least two inches wide shall be provided.

2. One secondary patient transport stretcher, with a minimum of two patient restraining straps. Minimum acceptable stretcher is vinyl covered, aluminum frame, folding stretcher.

B. Suction Devices.

1. An engine vacuum operated or electrically powered, complete suction aspiration system, shall be installed permanently on board to provide for the primary patient. It shall have wide bore tubing.

2. A portable suction device, age and weight appropriate, with wide bore tubing and at least a six ounce reservoir.

3. There must be an assortment of suction catheters (minimum of 2 each) on board. Sizes 6 fr, 8 fr, 10 fr, 16 fr, 18 fr. A rigid suction catheter (e.g. Yankaur) will also be carried. Minimum 2 each.

C. Bag Mask Ventilation Units.

1. One adult, hand-operated. Valves must operate in all weather, and unit must be equipped to be capable of delivering 90-100% oxygen to the patient.

2. One pediatric, hand-operated. Valves must operate in all weather and unit must be equipped to be capable of delivering 90-100% oxygen to the patient. Must include safety pop off mechanism with override capability.

3. One infant, hand-operated. Valves must operate in all weather and unit must be equipped to be capable of delivering 90-100% oxygen to the patient. Must include safety pop-off mechanism with override capability.

4. The following sized masks will be carried aboard all permitted ambulances to be used in conjunction with the ventilation units above, 0,1,2,3,4,5. Masks must be clear. Either the disposable or non-disposable types are acceptable.

D. Nonmetallic Oropharyngeal (Berman type)/ Nasopharyngeal Airways - adult, child and infant sizes. All airways shall be clean and individually wrapped.

1. Large adult

2. Med. adult

3. Large child

4. Child

5. Infant

E. "S" tube type airways may not be substituted for Berman type airways.

F. Oxygen Equipment.

1. Portable oxygen equipment: Minimum "D" size (360 Liter) cylinder, two required (one full spare cylinder). Liter flow gauges shall be non-gravity, dependent (Bourdon Gauge) type. Additionally, when the vehicle is in motion, all oxygen cylinders shall be readily accessible and securely stored.

2. Permanent On-Board Oxygen Equipment: The ambulance shall have a hospital type piped oxygen system, capable of storing and supplying a minimum of 2400 liters of humidified medical oxygen.

3. Single use, individually wrapped, non-rebreather masks and cannulas in adult and pediatric sizes shall be provided (3 each).

4. A "no smoking" sign will be prominently displayed in the patient compartment.

G. Bite sticks commercially made.(Clean and individually wrapped).

H. Twelve sterile dressings (minimum size 5" x 9").

I. Thirty-six each sterile gauze pads 4"x 4".

J. Twelve each bandages, self-adhering type, minimum three inches by five yards. Bandages must be individually wrapped or in clean containers.

K. A minimum of four commercial sterile occlusive dressings, four inches by four inches.

L. Adhesive Tape, hypoallergenic, one, two and three inches wide.

M. Burn sheets, two, sterile.

N. Splints:

1. Traction type, lower extremity, overall length of splint 43 inches, with limb support slings, padded ankle hitch, traction device and heel stand. Either the Bi-polar or Uni-polar type is acceptable.

2. Padded type, two or more, three feet long, of material comparable to four-ply wood for coadaptation splinting of the lower extremities.

3. Padded wooden type, two or more, 15 inches by three inches, for fractures of the upper extremity.(By local option, commercially available arm or leg splints may be substituted for items N-2,3 above).

O. Spinal immobilization devices:

1. Short spine board, at least 16 inches by 36 inches with appropriate straps. (Commercially available vest type KED, XP1 or other equivalent is acceptable.) Additionally: Child backboard or pediatric board or any type commercially available spinal immobilization device sized for the pediatric patient.

2. Long spine board, at least 16 inches by 72 inches constructed of three-quarter inch plyboard or equivalent material and having at least three quarter inch runners on each side for lifting with appropriate straps. If not equipped with runners, board must be designed so handholds are accessible even with gloves on.

3. Cervical collars to accommodate the infant, child, medium adult and large adult sizes. Collars must be manufactured of semirigid or rigid material.

4. Three, two inches by nine foot patient restraint straps.

5. Head immobilization device, commercially available or towel/ blanket rolls.

P. Five each triangular bandages.

Q. Two blankets.

R. Bandage shears, large size.

S. Obstetrical kit, sterile. The kit shall contain gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressings, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant.

T. Blood pressure manometer, cuff and stethoscope.

1. Blood pressure set, portable, both pediatric and adult (non mercurial type).

2. Stethoscopes.

U. Emesis basin or commercially available emesis container.

V. Bedpan and urinal.

W. Two dependable flashlights or electric lanterns, minimum size, two-D-cell or six volt lanterns.

X. Minimum of one fire extinguisher, CO2 or dry chemical, five pound capacity, type ABC.

Y. Working gloves, two pair with leather palms and reflective vests for each crew member.

Z. Minimum of 1000 cc of sterile water or normal saline solution for irrigation.

AA. Protective head gear and eye protection devices (minimum two each) must be carried on each ambulance. Standard fire face shield not acceptable.

BB. Personal protective equipment (gloves, masks, gowns and eyeshields).

CC. At the option of the medical control the following equipment may be added:

1. Laryngoscope handle with batteries.
2. Laryngoscope blades, adult, child and infant sizes. Infant sizes shall be 0,1,2 (straight). In addition, a #2 curved blade will be carried.
3. Six disposable endotracheal tubes, sizes to be from 2.5-9.0 with at least one of each size available. An intubation stylette sized for the neonate patient shall also be available (6 fr.).
4. Dual Lumen or LMA airways, age and weight appropriate.
5. Magill Forceps.
 - a. Adult.
 - b. Pediatric.

Section 702. Intermediate and Advanced Equipment.

Ambulances providing intermediate and advanced life support must, in addition to meeting all other requirements of Section 701 must have the following equipment:

- A. Butterfly or scalp vein needles between 19 and 25 gauge, a total of four.(Medical Control Option)
- B. Four each 14, 16, 18, 22 , and 24 gauge IV cannulae.
- C. Two Macro drip sets.
- D. Two Micro drip sets.
- E. Three 21 or 23 and three 25 gauge needles, total six.(Medical Control Option)
- F. Three tourniquets.
- G. Laryngoscope handle with batteries.
- H. Laryngoscope blades, adult, child, and infant sizes. Infant sizes shall be 0,1,2 (straight). In addition, a #2 curved blade will be carried.
- I. Six disposable endotracheal tubes sizes to be from 2.5-9.0 with at least one of each size available. An intubation stylette sized for the neonate patient shall also be available (6 fr.).
- J. Equipment for drawing blood samples. (Medical Control Option)
- K. Syringes, two each 1 ml, 3 ml, 10 ml, 20 ml, and one 50 ml.
- L. Twelve (12) alcohol and iodine preps for preparing IV injection sites.
- M. One (1) roll of tape, at least ½ inch wide.

N. Five (5) band-aids.

O. A minimum of 4 liters of normal saline or other appropriate IV solution.

P. Intraosseous devices.

1. Pediatric – minimum of two sizes.

2. Adult – (Medical Control Option) minimum of one size.

Q. Ambulances providing advanced cardiac life support must be equipped with a battery powered (DC) portable monitor-defibrillator unit, appropriate for both adult and pediatrics with ECG printout. The monitor-defibrillator equipment utilized by the service has the capability of producing hard copy of patient's ECG.

R. Such drugs/fluids as may be approved by the Board for possession and administration by EMT's trained and certified in their use and authorized by the medical control physician, as documented to the Department.

S. Magill Forceps.

1. Adult

2. Pediatric

T. Dual Lumen or LMA airways, age and weight appropriate.

U. Portable sharps container.

V. Pediatric length/weight-based drug dose chart or tape.

Section 703. Minimum Ambulance Rescue Equipment.

The following additional items will be carried by each ambulance:

A. Hammer, one four pound with 15 inch handle.

B. One axe.

C. Wrecking Bar, minimum 24-inch (bar and two preceding items can either be separate or combined as a forcible entry tool).

D. Crowbar, minimum 48", with pinch point.

Section 704. Convalescent Transport Units.(II)

A. Convalescent transport units must meet the requirements of Section 701, minimum ambulance medical equipment, minus items C-3, H, K, M, Y.

B. Convalescent transport units are exempted from Section 703, minimum ambulance rescue/extrication equipment.

C. Convalescent transport units are required to be equipped with a radio that meets the requirements of Section 601-N (minus the PA system) whenever transporting a patient outside of its home county.

D. Convalescent transport units may not have any emergency markings, but shall display the words "Convalescent Transport" and the name of the licensee in letters a minimum of 3" in height, on each side of the ambulance.

Section 705. Special Purpose Ambulance Equipment.

A. All special purpose ambulances will be equipped with at least the following items from Section 701 of these regulations: A-1, B, C(appropriate size), D, F, G, T, U, V, W, X in addition to special purpose equipment that is documented to the Department as delineated in Section 406. Item A-1 can be replaced by a specialized patient transfer device so long as there is a provision to safely secure the device in the special purpose ambulance.

B. Special purpose equipment as documented to the Department as delineated in Section 406 of these regulations must be on the special purpose ambulance when it is in use and is subject to inventory and inspection by the Department as provided for in Section 406 of these regulations.

Section 706. EMT First Responder Equipment.

A. The First Responder Agency's vehicle must be properly marked as to identify the vehicle as an emergency vehicle.

B. The First Responder Agency will provide a minimum of one EMT-Basic for each response.

C. All first responder vehicles will be equipped with at least the following items from Section 701 of these regulations: B-2, B-3, C, D, F-1, F-3, G, H, I, J, K, L, M, N-2, N-3, O, P(3each), Q, R, S, T, W(1each), X, Y, Z, BB, CC.

D. The first responder agency must at all times be able to communicate with (a) on-line medical control, (b) dispatch center and (c) the local transporting service.

E. Equipment In Addition to 706-C To Be Carried By EMT-Intermediate First Responders.

1. Four each, 14, 16, 18 and 22 gauge IV cannulae.
2. Two Macro Drip sets.
3. Two Micro Drip sets.
4. One Sharps type container.
5. A minimum of 4 liters of normal saline or other appropriate IV solution.
6. Three Tourniquets.
7. Twelve each, Alcohol and Betadine Preps for preparing IV injection sites.
8. Five Band-aids.

F. Equipment In Addition To 706.C & E To Be Carried By EMT-Paramedic First Responders.

1. A battery powered Monitor-Defibrillator, appropriate for both adults and pediatrics, capable of producing hard copy of the patient's ECG.

2. Such drugs/fluids as may be approved by the Board for possession and administration by EMT's trained and certified in their use and authorized by the medical control physician, as documented to the Department.

G. All medical and patient care equipment used by a licensed first responder organization shall meet the same standards for cleanliness and communicable diseases as is required of transporting EMS units.

SECTION 800. SANITATION STANDARDS FOR LICENSED PROVIDERS:

Section 801. Exterior Surfaces:

A. The exterior of the vehicle shall have a reasonably clean appearance.

B. All exterior lighting should be kept clear of foreign matter (insects, road grime, etc.) to assure adequate visibility.

Section 802. Interior Surfaces Patient Compartment-Ambulance.

A. Interior surface shall be of a nonporous material to allow ease of cleaning. Carpet-type materials shall not be used on any surface of the patient compartment.

B. Floors shall be free from sand, dirt and other residue that may have been tracked into the compartment.

C. Wall, cabinet, and bench surfaces shall be kept free of dust, sand, grease, or any other accumulated surface matter.

D. Interiors of cabinets and compartments shall be kept free from dust, moisture or other accumulated foreign matter.

E. Bloodstains, vomitus, feces, urine and other similar matter must be cleaned from the unit and all equipment after each call, using an agent or hypochlorite solution described in Section 802.H.

F. Window glass and cabinet doors shall be clean and free from foreign matter.

G. A receptacle shall be provided for the deposit of trash, litter, and all used items, etc.

H. An EPA recommended germicidal/virucidal agent or a hypochlorite solution of 99 parts water and 1 part bleach must be used to clean patient contact areas. For surfaces where such an EPA solution is not recommended, alcohol or hypochlorite solution can be used.

I. A container specifically for the deposit of contaminated needles or syringes and a second container for contaminated or infectious waste shall be provided and will be easily accessible from the patient compartment.

Section 803. Linen.

A. Storage area for clean linens shall be provided in such configuration so that linens remain dry and clean. (Ambulance)

B. Freshly laundered or disposable linens (minimum of six sets) shall be used on stretchers and pillows, and shall be changed after each patient is transported. (Ambulance)

C. Soiled linen is to be transported in a closed plastic bag or container and removed from the ambulance as soon as possible.

D. Blankets and towels shall be clean and stored in such a manner to assure cleanliness.

1. Towels shall not be used more than once between laundering.

2. Blankets shall be laundered/cleaned as they become soiled. Blankets should preferably be of a hypoallergenic material designed for easy maintenance.

Section 804. Oxygen Administration Apparatus. (II)

A. Oxygen administration devices such as masks, cannulas, and delivery tubing shall be disposable.

B. All masks and cannulas and tubing shall be individually wrapped and not opened until used on a patient.

C. Once used, the masks, cannulas and tubing is to be disposed of and not reused.

D. Oxygen humidifiers should be filled with distilled or sterile water upon use only. Reusable humidifiers must be cleaned after each use. Disposable, single use humidifiers are acceptable in lieu of multiuse types.

Section 805 Resuscitation Equipment. (II)

A. Bag mask assemblies and masks shall be stored in the original container, jump kit, or a closed compartment to promote sanitation of the unit.

B. The bag mask assembly shall be free from dust, moisture and other foreign matter.

C. Masks, valves, reservoirs and other items or attachments for bag mask assemblies shall be cleaned and sanitized after each use. A ten (10) minute sodium hypochlorite soak ninety-nine (99) parts water to one (1) part bleach, or other acceptable method shall be used.

Section 806 Suction Unit.

A. Suction hoses shall be clean and free from foreign matter. Preferably, disposable type hoses should be used.

B. Suction reservoir shall be clean and dry.

C. Suction units shall be clean and free from dust, dirt or other foreign matter.

D. Tonsil tips and suction catheters shall be of the disposable type, stored in sterile packaging until used. Tonsil tips and suction catheters shall not be reused.

E. Suction units with attachments shall be cleaned and sanitized after each use. (See Section 805.C).

Section 807. Splints.

A. Padded splints shall be neatly covered with a nonpermeable material and clean. When the outside cover of the splint becomes soiled, they should be thoroughly cleaned and replaced.

B. Pneumatic trousers, if used, shall be clean and free from dust, dirt or other foreign matter.

C. Commercial splints shall be free of dust, dirt or other foreign matter.

D. Traction splints with commercial supports shall be clean and free from accumulated material.

E. All splinting materials must be stored in such a manner as to promote/maintain cleanliness.

Section 808. Stretchers and Spine Boards.

A. Pillows, mattresses and head immobilization devices (HIDs) shall be covered with a nonpermeable material and in good repair.(Single use items exempt.)

B. Stretchers, pillows, HIDs and spine boards shall be clean and free from foreign material.

C. Canvas or neoprene covers on portable type stretchers shall be in good repair.

D. All restraint straps/devices shall be kept clean and shall be washed immediately if soiled.

E. Wooden spine boards shall be sealed with an appropriate substance to facilitate cleaning.

F. All spine boards shall be free from rough edges/areas that may cause splinters.

Section 809. Bandages and Dressings.(II)

A. Bandages need not be sterile, but they must be clean. They should be individually wrapped, or stored in a closed container or cabinet to insure cleanliness.

B. Dressings must be sterile, individually packaged and sealed, and stored in a closed container or compartment. If the seal is broken or wrap is torn, the dressing is to be discarded.

C. Dressings or burn sheets that are not commercially wrapped must be sterilized in an autoclave or gas sterilizer, with the date of sterilization shown on each item. Items with a sealed plastic dust cover may remain on the unit no longer than six months without being resterilized or rotated with other sterile equipment. Cloth covered items must be resterilized or rotated at least every thirty (30) days.

D. Triangular bandages must be washed after each use if not the disposable type.

E. All bandages or dressings that have been exposed to moisture or otherwise have become soiled must be replaced.

Section 810. Obstetrical Kits.(II)

A. All OB kits must be sterile and wrapped with cellophane or plastic. If the wrapper is torn or the kit is opened but not used, the items in the kit that are not individually wrapped must be resterilized or discarded and replaced.

B. OB kits that are not commercially wrapped must be sterilized in an autoclave or gas sterilizer with a date of sterilization shown on the item. Items with a sealed plastic cover may remain on the unit no longer than six months without being resterilized or rotated at least every thirty (30) days.

Section 811. Oropharyngeal Appliances.(II)

Instruments inserted into a patient's mouth or nose shall be single service, individually wrapped and stored properly. Oropharyngeal airways designed for multi use shall be sterilized in an autoclave or gas sterilizer, Cidex or sodium hypochlorite soak (ninety-nine (99) parts water to one (1) part bleach) and individually wrapped.

Section 812. Communicable Diseases.(II)

A. When an ambulance or transport vehicle has been utilized in the transport of a patient known to have a communicable disease, the vehicle must be taken out of service until cleaning and disinfecting is completed.

B. Linen must be removed from the stretcher and properly disposed of, or immediately placed in a plastic bag or container and sealed until properly cleaned.

C. Patient contact areas, equipment and any surface soiled during the call, must be cleaned in accordance with Section 802.H of these guidelines.

Section 813. Miscellaneous Equipment.

Miscellaneous equipment such as scissors, stethoscopes, BP cuffs and/or other items used for direct patient care should be cleansed as they become soiled. Items should be kept clean and free from foreign matter.

Section 814. Equipment and Materials Storage Areas.

Equipment not used in direct patient care shall be in storage spaces that prevent contamination/damage to direct patient care equipment or materials.

Section 815. Personnel.

A. All personnel functioning on the vehicle shall present themselves in a clean, neat appearance at all times.

B. Hands and forearms should be thoroughly washed according to Standard 1910.1030 set forth by the Occupational Safety and Health Administration (OSHA).

C. Uniforms/clothing should be neat, clean or changed if they become soiled or exposed to vomitus, blood or other foreign matter.

SECTION 900. TRAINING AND CERTIFICATION.

Section 901. Emergency Medical Technician Training Programs.(II)

A. Emergency Medical Technician-Basic Training Program - This program is established by the Department and is only conducted in approved local technical colleges, colleges, vocational schools, and regional EMS training offices. The curriculum for this training program is the Department of Transportation curriculum for EMT's or any other curriculum approved by the Department.

B. Emergency Medical Technician-Intermediate Training Program - This program is established by the Department to provide a level of care between the basic and Paramedic programs and is only conducted in approved local technical colleges, colleges, vocational schools, and regional EMS training offices. The curriculum for this training program is the Department of Transportation curriculum for EMT-Intermediate or any other curriculum approved by the Department.

C. The Emergency Medical Technician-Paramedic Training Program - The curriculum for this training program is the Department of Transportation curriculum for EMT-Paramedic or any other EMT-Paramedic training program as developed or established and approved by the Department and is only conducted in approved local technical colleges, colleges, vocational schools, and regional EMS training offices.

D. Candidates may complete their required refresher training program by one of the following methods:

1. Complete the state approved EMT-Basic, EMT-Intermediate, or EMT-Paramedic refresher course as appropriate to the individual certification level, including the state approved practical and written examination.

2. Complete refresher course requirements by attending state approved C.E. unit lectures and/or seminars that equate to the regular structured refresher courses, including the state approved practical and written examination.

3. Complete the state approved in-service training program that meets the requirements of the Department, including the state approved practical and written examination. In-service training program requirements include, medical control physician participation and supervision of the service's program. Participation includes development of the service's in-service training program to meet the Department requirements and the needs of the individual service.

4. EXCEPTIONS - Candidates may exempt the state written and/or practical examinations if they meet the following criteria:

- a. Candidates that complete the state approved in-service program may, if otherwise qualified, exempt the practical examination if the medical control physician signs a statement indicating the individual is competent in all the skills published by the Department for the level of EMT certification the candidate is recertifying. Candidates may also exempt the written examination if the medical control physician signs a statement indicating they are knowledgeable, proficient, and capable of performing all of the duties for the level of EMT certification they are recertifying.

- b. Candidates that are nationally reregistered may exempt the state written and practical examinations.

E. Criteria for Special Purpose EMT. In order to be issued a valid special purpose EMT certificate, one must meet all of the following criteria:

1. The special purpose EMT must be a registered nurse.
2. The special purpose EMT must have completed an acceptable training program for delivery of the special area or possess experience in that special care area satisfactory to the Department.
3. The special purpose EMT must be employed by the medical service which utilizes the special purpose ambulance and recommended by the director of the medical service which utilizes a special purpose ambulance.
4. The medical service by which the special purpose EMT is employed must have operational procedures and medical protocols directing the daily operations of the special purpose EMT and special purpose ambulance. These medical protocols must be in written form, approved and signed by the director of the medical service in order for the special purpose EMT to administer medical treatment required by the protocols.

F. Pilot Programs. The Department may authorize providers to initiate pilot programs which provide training in new and innovative procedures that have potential for lifesaving care. Those who wish to initiate a pilot program must provide in writing to the Department a detailed proposal of the program and any supporting materials. Under no circumstances shall pilot programs be initiated without prior approval by the Department. The EMT's who participate in these programs are allowed to perform the pilot procedures, under medical control physician supervision, during the period of the pilot program. At the conclusion of the pilot program a report must be submitted to the Department describing the outcome/results of the program. Research gained from the pilot programs will be used to revise and upgrade existing EMT programs and scope of practice.

G. Department approved Advanced Training Centers in existence prior to the effective date of these regulations shall continue to provide EMT training in accordance with the provisions of this article.

Section 902. Certification.(I)

A. No persons shall act or serve in the capacity of primary patient care attendant in an ambulance without first completing, minimally, an approved Emergency Medical Technician-Basic Training Program and holding a South Carolina certificate as an emergency medical technician-Basic. Emergency medical technician-Basic certificates are in force for three years and are subject to renewal before expiration date if the candidate continues to meet state qualification. Certified emergency medical technician-Basic may perform those functions taught in the approved EMT Basic curriculum. Emergency medical technician-Basic certificates may be issued to eligible personnel, eighteen years of age or older, upon the satisfactory completion of any of the following requirements:

1. Any person completing the Department approved "Emergency Medical Technician-Basic Course" (to include examination), or . . .
2. Any person who has successfully passed the written and practical portions of the "National Registry of Emergency Medical Technician-Basic" examination and other requirements established by the Department, and is currently registered, (applies to initial State certification only) "These candidates are exempt from the state practical and written certification examinations," or . . .

3. Any person who receives comparable training within three years of their application. Comparable course credit may be determined by submitting copies of course certification and content to the Department for review. Comparable course credit is normally allotted to selected individuals completing extensive emergency courses, such as RNs and United States armed forces medical personnel. These personnel must complete and pass the appropriate state approved refresher course and satisfactorily pass the State or National Registry approved practical and written emergency medical technician examinations.

4. Special Purpose EMT Qualifications. The Department may issue a valid special purpose EMT certificate to those registered nurses who are both extensively trained in a particular special area of care and approved by the Department to attend patients needing that particular care while being transported in special purposes ambulances. These special purpose EMT's may be assisted by other health professionals who are determined qualified and approved by the Department to assist in attendance of the patient during transportation in a special purpose ambulance.

B. Emergency Medical Technician-Intermediate or Paramedic - No person shall act in the capacity of an emergency medical technician-Intermediate or Paramedic without satisfactorily completing an approved emergency medical technician Intermediate or Paramedic training course and holding a South Carolina certificate. EMT-Intermediate or Paramedic certificates are in force for three years and subject to renewal if the candidate continues to meet State qualifications. Appropriate certificates will be issued to candidates who satisfactorily complete an EMT-Intermediate or Paramedic program approved by the Department.

C. Guidance for EMT's - All currently certified emergency medical technicians may only "engage in those practices for which they have been trained" in the state approved curriculum and for which the supervising physician will assume responsibility. In all cases, an EMT will perform procedures under the supervision of a physician licensed in the State of South Carolina. Means of supervision should be direct, by standing orders or by radio and telephone communications.

D. Emergency medical technicians (Intermediate and Paramedic levels only) whose certificates have expired may be reactivated by the candidate completing an appropriate EMT refresher course and submitting an application for certification prior to taking state examinations. Emergency medical technicians at the Basic level whose certificate has expired may only be reactivated by completing all necessary requirements to become Nationally Registered.

E. Emergency medical technician must notify the Department each time they have change of address and furthermore, provider associated EMT's will provide their correct address on the personnel roster required in Section 401.A.5 of these regulations each time their provider submits a license or relicensure application.

F. All initial EMT certifications (Basic, Intermediate, Paramedic) must maintain a National Registry credential to be certified and recertified in South Carolina.

G. The Department may deny certification to applicants with certain past felony convictions and to those who are under felony indictment. Applications for certification of individuals convicted of or under indictment for the following crimes will be denied in all cases*:

1. Felonies involving criminal sexual conduct;

2. Felonies involving the physical or sexual abuse of children, the elderly, or the infirm including, but not limited to, criminal sexual misconduct with a child, making or distributing child pornography or using a child in a sexual display, incest involving a child, assault on a vulnerable adult;

3. A crime in which the victim is a patient or resident of a healthcare facility, including abuse, neglect, theft from, or financial exploitation of a person entrusted to the care or protection of the applicant.

*Applications from individuals convicted of, or under indictment for, other offenses not listed above will be reviewed by the Department on a case by case basis.

Section 903. Application for Certification as an Emergency Medical Technician-Basic.

A. Applications for certification as an Emergency Medical Technician-Basic in South Carolina are to be submitted to the Department, indicating that the student has satisfactorily completed the required curriculum to include any required clinical experience. Reciprocity candidates must provide a copy of their out-of-state certificate that has at least six months remaining on it prior to its expiration date, and have met other requirements as established by the Department. Candidates holding an out of state certificate will be issued a provisional South Carolina certification that expires on the date of their out-of-state certificate, or up to but not exceeding 1 year, whichever is less. During their provisional status, the candidate must become Nationally Registered to be recertified in South Carolina. National Registry candidates requesting initial reciprocity will receive a South Carolina Certification, providing they have a certificate that has at least six months remaining on it prior to its expiration date and have met other requirements as established by the Department.

B. Upon receipt of the completed application, practical and written examinations will be given at such times as will be scheduled by the Department. An emergency medical technician-Basic certificate will be issued by the Department upon satisfactory completion of the state approved practical and written examinations, and will be effective for three years from the date of issue. A pocket ID card will be issued along with the Basic certificate and must be in the possession of the EMT-Basic at all times that patient care is rendered.

Section 904. Application for certification as an Emergency Medical Technician-Intermediate or Paramedic.

A. Applications for certification as an EMT-Intermediate or Paramedic in South Carolina are to be submitted to the Department, using forms provided by the Department as follows:

1. Candidates completing a South Carolina approved course must provide a certificate application card that indicates satisfactory completion of the course.

2. Candidates applying for certification by reciprocity must provide a certificate application card along with a copy of their out-of-state certificate that has at least six months remaining on it prior to its expiration date and have met other requirements as established by the Department. They must also provide statements from a South Carolina licensed provider and the unit medical control physician indicating sponsorship. Candidates holding an out of state certificate will be issued a provisional South Carolina certification that expires on the date of their out-of-state certificate, or up to but not exceeding 1 year, whichever is less. During their provisional status, the candidate must become Nationally Registered to be recertified in South Carolina. National Registry EMT-Intermediate or Paramedic candidates requesting reciprocity, will receive a South Carolina certification providing they have a certificate that has

at least six months remaining on it prior to its expiration date and have met other requirements as established by the Department.

B. Candidates that meet the requirements in "A." above will be permitted to take the state approved examinations. Candidates that pass the state approved examinations will then be issued an intermediate or paramedic EMT certificate as appropriate by the Department which will be effective for three years. A pocket ID card will be issued along with the EMT-Intermediate or Paramedic certificate and must be in the possession of the EMT-Intermediate or Paramedic at all times that patient care is rendered.

Section 905. Recertification as a Emergency Medical Technician-Basic.

A. Recertification as an emergency medical technician-Basic within a 12-month period prior to the expiration date of the EMT-Basic certificate, each emergency medical technician-Basic is required to submit an application for recertification, indicating completion of an approved EMT-Basic refresher course, CEUs or state approved in-service training program, to qualify for recertification. Upon receipt of this application, the Department will schedule and conduct the practical and written examination, as necessary. Upon satisfactory completion of the practical and written examinations, the Department will extend the individual's EMT-Basic certification for another three-year period of time.

B. All initial EMT certifications (Basic, Intermediate, Paramedic) must maintain a National Registry credential to be certified and recertified in South Carolina.

Section 906. Recertification as an EMT-Intermediate or Paramedic.

Each EMT-intermediate or paramedic must do the following prior to their certificate expiring in a three-year period:

A. Submit an application for recertification to the Department requesting recertification. Application to include:

1. Signed statement from licensed provider's medical control physician indicating he will sponsor and supervise the candidate.

2. Signed statement from the licensed provider's director indicating the candidate is a functioning member of the service. Provides documentation that he has the required continuing education points, refresher course completion certificate or in-service EMT training completion record as appropriate.

3. Pass the state practical and written examination. Candidates completing in-service training may with concurrence of the medical control physician, exempt the practical and/or written state examinations.

B. Upon successful completion of the above requirements, the Department will renew the applicant's EMT-intermediate or paramedic certificate, as appropriate, for another three-year period.

C. All initial EMT certifications (Basic, Intermediate, Paramedic) must maintain a National Registry credential to be certified and recertified in South Carolina.

Section 907. Emergency Medical Technician Course Approval Regulations.(II)

A. All EMT courses at all levels, conducted by EMS regional offices or local technical colleges or vocational centers, or colleges must be taught by EMT instructors certified and approved by the Department for the level they are teaching.

B. All EMS training institutions must receive prior approval from the Department prior to starting any course.

C. All licensed providers who wish to conduct approved in-service training program must receive prior approval of the Department and follow the established guidelines of the program.

Section 908. Emergency Medical Technician Instructor Training Programs and Certification.

A. The Department is responsible for the review and approval of all EMT instructor courses. Instructors that meet the requirements and satisfactorily complete the Department approved instructor's course, will be certified by the Department. Certification will coincide with the EMT certification date.

B. Emergency Medical Technician - Basic Instructor Training Program and Authorization. Requirements for authorization as an initial EMT-Basic instructor are as follows:

1. Be twenty-one years of age or older with a high school diploma or GED.
2. Must be currently certified Paramedic with 1 year of experience as an EMT-Paramedic.
3. Complete the Department approved EMS instructor course.
4. Be recommended by a teaching institution that sponsors EMT-Basic courses.
5. Provide the Department with an approved and current CPR instructor card.
6. Meet all other requirements as determined by the Department.

C. The Department is responsible for certification of EMT-Intermediate and Paramedic Instructors who must meet the following qualifications:

1. Be a registered nurse with experience and knowledge in critical care areas; OR be a current South Carolina and Nationally Registered EMT-Paramedic with 5 years experience, high school or GED, and be twenty-one years of age or older.

2. Meet all instructor requirements in areas such as Pediatrics, Trauma and Cardiology as determined by the Department.

3. Be recommended by a teaching institution that sponsors EMT-Intermediate or Paramedic courses.

4. Provide the Department with a copy of an approved and current CPR instructor card.
5. Meet all other requirements as determined by the Department.
6. Complete the Department approved EMS instructor course.

D. Instructor certificates may be renewed as follows:

1. Must provide a letter of endorsement from the teaching institution.

2. Be currently certified as a South Carolina and Nationally Registered EMT-Paramedic.
 3. Provide the Department with a copy of an approved and current CPR instructor card.
 4. Have met all teaching requirements as determined by the Department.
 5. Participate in 12 hours of Department approved continuing education in Instructor Methodology during the 3 year certification period.
 6. Meet all other requirements as determined by the Department.
- E. An EMT Instructor authorization may be suspended or revoked for any of the following reasons:
1. Any act of misconduct as outlined in SECTION 1100 of these regulations.
 2. Suspension or revocation of the holder's EMT certificate.
 3. Failure to maintain required credentials necessary for instructor designation.
 4. Any act of proven sexual harassment toward another instructor or candidate.
 5. Use of profane, obscene or vulgar language while in the presence of candidates or the EMT program coordinator during the context of class or related functions.
 6. Conducting class without the minimum required equipment available and in working condition.
 7. The use of any curricula not approved by the Department.
 8. Gross or repeated violations of policy pertaining to the EMT training program.
 9. Multiple instructor reprimands within a given period of time as established by the Department.
 10. Any other actions determined by the Department that compromises the integrity of the program. Those actions may include, but are not limited to the following:
 - a. An instructor who places himself/herself in a situation which will embarrass or bring unfavorable notoriety to himself/herself or the training institution.
 - b. Unprofessional behavior in the classroom.
 - c. Failure to notify the EMT program coordinator when classes must be cancelled or rescheduled.
 - d. Consistently starting class late or dismissing class early.
 - e. Conducting classes while under the influence of alcohol.
 - f. Conducting classes while under the influence of drugs that negatively impair your ability to instruct (prescribed, non-prescribed, or illegal).

g. Falsification of any documents pertaining to the course. (attendance logs, equipment checklists, etc.)

h. Repeated poor class results on the written and/or practical portion(s) of candidate examinations.

SECTION 1000. PERSONNEL REQUIREMENTS.(I)

A. During the transportation of patients, there shall be an emergency medical technician-Basic, intermediate or paramedic in the patient compartment at all times. The crew member with the highest level of certification shall determine which crew member will attend the patient during transport. If advanced life support procedures are in use, the responsible EMT-intermediate or paramedic shall attend the patient in the patient compartment during transport.

B. Exception: Transferring or receiving medical facilities registered nurses are authorized as ground ambulance attendants when assisting emergency medical technicians in the performance of their duties when all of the following requirements are met:

1. The medical care of the patient is beyond the limit of certification of the EMT.
2. When the ambulance transport is between medical facilities or from medical facility to patient's home.
3. When the responsible physician, transferring or receiving, assumes responsibility of the patient and provides appropriate orders, written preferred, to the registered nurse for patient care.
4. The registered nurse is on duty with the appropriate medical facility during the ambulance transport.

C. No person under the age of eighteen shall operate any emergency vehicle owned or operated by the licensed provider.

D. No person shall act or serve in the capacity of attending a patient while under felony indictment or with certain past felony convictions as listed in Section 902.G of these regulations.

E. All licensed providers must notify the Department immediately should they become aware of a felony indictment or conviction of any person on their roster.

SECTION 1100. REVOCATION OR SUSPENSION OF CERTIFICATES OF EMERGENCY MEDICAL TECHNICIANS (I)

A. The Department shall, upon receiving a complaint of misconduct as herein defined, initiate an investigation to determine whether or not suitable cause exists to take action against the holder of an emergency medical technician certificate.

1. The initial complaint shall be in the form of a brief statement, dated and signed by the person making the complaint, which shall identify the person or service who is the subject of the complaint and contain a summary as to the nature of the complaint. The Department is also authorized to initiate an investigation based upon information acquired from other sources.

2. Information received by the Department through inspection, complaint or otherwise authorized under S.C. Code, Section 44-61-10, *et.seq.*, shall not be disclosed publicly except in a proceeding involving the question of licensing, certification or revocation of a license or certificate.

B. "Misconduct," which constitutes grounds for a revocation or suspension or other restriction of a certificate, shall be a satisfactory showing of any of the following:

1. That a false, fraudulent, or forged statement or document has been used, or any fraudulent, deceitful, or dishonest act has been practiced by the holder of a certificate in connection with any of the certification requirements or official documents required by the Department.

2. That, while holding a certificate, the holder is convicted of a felony or any other crime involving moral turpitude, drugs, or gross immorality.

3. That the holder of a certificate is addicted to alcohol or drugs to such a degree as to render him unfit to perform as an EMT.

4. That the holder of a certificate has sustained any physical or mental disability which renders further practice by him dangerous to the public.

5. That the holder of a certificate is guilty of obtaining fees or assisting obtaining such fees under dishonorable, false or fraudulent circumstances.

6. That the holder of a certificate is guilty of disregarding an appropriate order by a physician concerning emergency treatment and transportation.

7. That the holder of a certificate has, at the scene of an accident or illness, refused to administer emergency care on the grounds of age, sex, race, religion, creed or national origin of the patient.

8. That the holder of a certificate has, after initiating care of a patient at the scene of an accident or illness, discontinued such care or abandoned the patient without the patient's consent or without providing for the further administration of care by an equal or higher medical authority.

9. That a holder of a certificate has revealed confidences entrusted to him in the course of medical attendance, unless such revelation is required by law or is necessary in order to protect the welfare of the individual or the community.

10. That the holder of a certificate has, by action or omission and without mitigating circumstance, contributed to or furthered the injury or illness of a patient under his care.

11. That the holder of a certificate is guilty of the careless, or reckless, or irresponsible operation of an emergency vehicle.

12. That the holder of a certificate is guilty of a breach of any section of the Emergency Medical Services Act of South Carolina (Act 1118 of 1974) or any subsequent amendment of the Act or any of the Rules and Regulations published pursuant to the Act.

13. That the holder of a certificate has performed skills above the level for which he was certified or performed skills that he was not trained to do.

14. That the holder of a certificate did allow sub-standard care to be administered by another

individual without documenting a supervisor being notified.

15. That the holder of a certificate has, by his actions, or inactions, created a substantial possibility that death or serious physical harm could result therefrom.

16. That the holder of a certificate has not taken or completed remedial training or other courses of action as directed by the Department as a result of an investigation.

17. That the holder of a certificate is found to be guilty of the falsification of any documentation as required by the Department.

C. The suspension or revocation of the emergency medical technician certificate shall include all levels of certification.

SECTION 1200. AIR AMBULANCES

Section 1201. Licensing.(I)

It shall be unlawful for any ambulance service provider, agent or broker to secure or arrange for air ambulance service originating in the State of South Carolina unless such ambulance service meets the provisions of South Carolina Emergency Medical Services Law and Regulations.

A. Air Ambulance Licensing and Insurance Requirements:

1. Air ambulance licensing procedures are contained in Section 400 of these regulations. Air ambulance permit procedures are contained in Section 500 of these regulations. A permit is required for each aircraft.

2. As part of the licensing procedure, every air ambulance operator shall carry an air ambulance insurance policy. This policy shall cover malpractice, bodily injury and property damage with solvent and responsible insurers licensed to do business in the State of South Carolina. This policy shall provide payment for any loss or damage resulting from any occurrence arising out of or caused by the medical treatment or operation or use of any of the operator's aircraft. Each aircraft shall be insured for the sum of at least \$1,000,000 for injuries to or death of any one person arising out of any one incident and the sum of at least \$3,000,000 for injuries to or death of more than one person in any one incident. In addition, the provider shall carry at least \$500,000 malpractice insurance. Every insurance policy or contract for such insurance shall provide for the payment and satisfaction of any financial judgment entered against the operator and present insured, or any person flying the insured aircraft. All such insurance shall provide for thirty-day cancellation notice to the Department.

B. Out-of-State Air Ambulances.

1. Out-of-state air ambulances transporting patients from locations in South Carolina must be licensed in their home state, if applicable. The medical attendant must be a basic or advanced EMT or have flight nurse who is certified in the home-ported state.

2. Out-of-state air ambulances operating in a state where no license is available must obtain a license in South Carolina and meet all requirements in Section 1200.

C. Air Ambulance Categories:

1. Interfacility Transport. Air ambulance services that transport patients receiving definitive care within the medical care system are those services which provide inter hospital, medical facility to hospital, hospital to other facility, or similar transports where the patients involved are transported from a definitive care medical setting. These transports may be accomplished by fixed-wing or rotary wing aircraft, and range from the transport of a critically ill patient requiring a sophisticated aircraft equipped with special care facilities, staff and supplies to the transport of a patient who has no special medical requirements. It is the responsibility of the medical director to insure that the level of patient care required in any given transport is adequate for that patient's medical needs.

2. Prehospital Transport. Air ambulance services that transport patients in the prehospital setting will be permitted as either an advanced or basic life support service and each prehospital service shall be required to meet the requirements and be licensed accordingly. Each such service shall contract with a medical control physician.

3. Special Purpose Ambulance. Air ambulances that meet the special purpose ambulance requirements.

D. Air Ambulance Aircraft Requirements. The aircraft operator shall, in all operations, comply with all federal aviation regulations which are adopted by reference, Part 135. The aircraft shall meet the following specifications:

1. Be configured in such a way that the medical attendants have adequate access for the provision of patient care within the cabin to give cardiopulmonary resuscitation and maintain patient's life support.

2. Allow loading of a supine patient by two attendants.

3. Have appropriate communication equipment to insure both internal crew and air to ground exchange of information between individuals and agencies appropriate to the mission, including at least medical control, air traffic control, and navigational aids.

4. Be equipped with radio headsets that insure internal crew communications and transmission to appropriate agencies.

5. Have adequate interior lighting, so that patient care can be given and patient status be monitored without interfering with the pilot's vision.

6. Have hooks and/or appropriate devices for hanging intravenous fluid bags.

7. Helicopters must have an external landing light and tail-rotor illumination.

8. Design must not compromise patient stability in either loading, unloading or in-flight operations.

9. Have factory installed or FAA approved add-on air conditioning which has the capacity to lower the temperature in the patient's compartment to 75° F within a reasonable period and maintain that temperature while operating in an ambient temperature of 95° F. All parts, equipment, workmanship, etc., shall be in keeping with accepted air conditioning practices.

E. Aircraft Flight Crew Manning Requirements. The aircraft operator shall, in all operations, comply with all federal aviation regulations which are adopted by reference, Part 135.

1. Rotor craft:

a. The pilot must possess commercial rotor craft certification and a minimum of 1,000 rotor craft flight hours as pilot in command and 50 hours of pilot in command flight time in helicopters within the 12 months prior to application for permitted air ambulance certification. Of this time during which the pilot is in command (referred to as "pilot in command time"), 25 hours must be in the same make and model of aircraft to be used in the proposed air ambulance operation.

b. The pilot must have received factory training or equivalent and must have at least five hours in the specific type of aircraft, before flying as pilot in command on patient missions.

c. The pilot must have received factory training or equivalent in flying over the types of terrain and under the conditions unique to the air ambulance flight program.

d. The pilot must be readily available within a defined call-up time to insure an expeditious and timely response.

e. The helicopter mechanic is vital to mission readiness and, as such, should possess at least two years of experience and must be a certified air frame and power plant mechanic.

f. The mechanic must be properly trained and FAA certified to maintain the aircraft designed by the flight service for its aeromedical program.

2. Fixed-Wing:

a. The pilot must possess a commercial pilot airplane license with a multi-engine land rating and a minimum of 1,000 flight hours as pilot in command and 50 hours of pilot in command flight time in multi-engine airplanes within the 12 months prior to application for permitted air ambulance certification.

b. If flying IFR, the pilot must possess an aircraft instrument rating with a minimum 50 hours of instrument flying time, to include no more than 20 hours in a ground simulator acceptable to the FAA.

c. The pilot must have received factory training or equivalent and must have at least five hours in the specific type of aircraft, before flying as pilot in command on patient missions.

d. The pilot must be readily available within a defined call-up time to insure an expeditious and timely response.

e. The mechanic is vital to mission readiness and must be a certified air frame and power plant mechanic.

f. The mechanic must be properly trained and FAA certified to maintain the aircraft designated by the flight service for its aeromedical program.

F. Off-Line Medical Control Physician (Medical Director). The off-line medical control physician of air ambulance services shall be responsible for:

1. Being knowledgeable of the capabilities and limitations of the aircraft used by his service.

2. Being knowledgeable of the medical staff's capability relative to the patient's needs.
3. Being knowledgeable of the routine and special medical equipment available to the service.
4. Ensuring that each patient is evaluated prior to a flight for the purpose of determining that appropriate aircraft, flight and medical crew and equipment are provided to meet the patient's needs.
5. Ensuring that all medical crew members are adequately trained to perform in-flight duties prior to functioning in an in-flight capacity.
6. All duties and responsibilities listed in these regulations.

G. Aircraft Medical Crew Requirements:

1. Each basic life support air ambulance must be staffed with at least one currently certified EMT.
2. Each advanced life support air ambulance must be staffed with at least one currently certified EMTParamedic or flight nurse as may be required by the patient's condition.
3. Each special purpose air ambulance must be staffed with at least one special purpose EMT, EMTParamedic or RN with specialty training, as approved by the Department.

H. Orientation Program:

1. All medical flight crew members must complete flight orientation program approved by the Department and supervised by the service's medical control physician.
2. The flight orientation program shall be of sufficient duration and substance to cover all patient care procedures, including altitude physiology, and flight crew requirements.

Section 1202. Basic Life Support Air Ambulance Medical Equipment Requirements.(II)

Each prehospital basic life support air ambulance shall be equipped with the following basic life support equipment:

A. There shall be one vinyl covered folding stretcher or acceptable equivalent with at least two patient restraint straps and stretcher fasteners for each patient (spine board is not acceptable). Stretcher fasteners must be bolted directly on the air frame of the aircraft.

B. Suction Device:

1. A portable suction device, age and weight appropriate, with wide bore tubing and at least a six ounce reservoir.
2. There must be an assortment of suction catheters (minimum of two each) on board. Sizes 6 fr, 8 fr, 10 fr, and 14 fr. A rigid suction catheter (e.g. Yankaur) will also be carried. Minimum, 2 each.

C. Bag Valve Ventilation Units:

1. One adult, hand operated. Valves must operate in all weather, and unit must be equipped to be capable of delivering 90-100% oxygen to the patient.

2. One pediatric, hand operated. Valves must operate in all weather and unit must be equipped to be capable of delivering 90-100% oxygen to the patient. Must include safety pop-off mechanism with override capability.

3. One infant, hand operated. Valves must operate in all weather and unit must be equipped to be capable of delivering 90-100% oxygen to the patient. Must include safety pop-off mechanism with override capability.

4. The following sized masks will be carried aboard all permitted ambulances to be used in conjunction with the ventilation units above, 0,1,2,3,4,5. Masks must be clear. Either the disposable or nondisposable types are acceptable.

D. Nonmetallic oropharyngeal (Berman type)/Nasopharyngeal airways: adult, child, and infant sizes. All airways shall be clean and individually wrapped.

1. Large adult
2. Medium adult
3. Large child
4. Child
5. Infant

E. "S" tube type airways may not be substituted for Berman type airways.

F. Fixed and portable oxygen equipment - The portable equipment should be: Minimum "D" size (360 liter) cylinder (one required), adequate tubing and semirigid valveless, transparent, single use, individually wrapped nonrebreather masks and nasal cannulas in adult and pediatric sizes, minimum of three each. In addition, a "No Smoking" sign with minimum one inch letter shall be displayed in the patient compartment. When the vehicle is in motion, all oxygen cylinders shall be affixed to a wall or floor with crash stable, quick release fittings. Liter flow gauge shall be non- gravity dependent (Bourdon gauge) type.

G. Bite stick commercially made. (Clean and individually wrapped.)

H. Six sterile dressings (minimum size 5"x 9") compactly folded and packaged.

I. Thirty-six each sterile gauze pads 4"x 4".

J. Four each bandages, self-adhering tape, minimum three inches by five yards. Bandages must be individually wrapped or in clean containers.

K. A minimum of four commercial sterile occlusive dressing, 4"x 4".

L. Adhesive tape, hypoallergenic, one, two, and three inches wide.

M. Burn sheets, two, sterile.

N. Splints:

1. Traction type, lower extremity splint. Uni-polar or bi-polar type is acceptable (Medical Control Option).
2. Padded, wooden type splints, two each, 15"x 3" and 36"x 3", or other approved commercially available splints for arm or leg fractures.
3. Pneumatic splints not acceptable.

O. Spine Boards:

1. Long, at least 16"x 72". (The use of folding backboards is acceptable as a substitute for the long spine board.) (Medical Control Option)
2. Cervical collars. Small, medium, and large. (Each cervical collar should be manufactured with rigid or semi-rigid material) (Medical Control Option)

P. Triangular bandages, four each.

Q. Nine foot straps, three required.

R. Bandage shears, large size.

S. Obstetrical kit, sterile. The kit shall contain gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressing, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant. (Medical Control Option)

T. Blood pressure manometer, cuff and stethoscope.

1. Blood pressure set, portable, both adult and pediatric (non mercurial type).
2. Stethoscopes.

U. Emesis basin.

V. Bedpan and urinal. (Medical Control Option)

W. Two dependable flashlights or electric lanterns, minimum size, two "D" cell or six volt lanterns.

X. Minimum of one fire extinguisher, clean agent type, five pound capacity.

Y. Working gloves. (Medical Control Option)

Z. Minimum of 1000 cc of sterile water or normal saline for irrigation.

AA. Dual Lumen or LMA airways, age and weight appropriate.

BB. Magill forceps.

1. Adult.

2. Pediatric.

CC. Flame retardant uniform with reflective striping to be worn by each crew member.

Section 1203. Interfacility and Special Purpose Air Ambulances. (II)

All inter facility and special purpose air ambulances must be equipped with at least the following items from Section 1202:A, B, C, D, F, G, T, U, V, W, and X.

Section 1204. Advanced Life Support Air Ambulance Medical Equipment Requirements. (II)

Air ambulances providing advanced life support in the prehospital, interfacility or special purpose category must have the following equipment and supplies on board in addition to Section 1202:

A. Battery powered (DC) portable monitor-defibrillator unit, appropriate for both adults and pediatrics, with ECG printout. The monitor-defibrillator equipment utilized by the service has the capability of producing hard copy of patient's ECG.

B. Butterfly or scalp vein needles 26 gauge, total of two.

C. Two each 14, 16, 18, and 20 gauge IV cannula.

D. Two macro drip sets.

E. Two micro drip sets.

F. Three 21 or 23 and three 25 gauge needles, total six.

G. Three tourniquets.

H. Laryngoscope handle with batteries.

I. Laryngoscope blades, adult, child, and infant sizes. Sizes must include 0,1,2 straight and #2 curved.

J. Six disposable endotracheal tubes, assorted sizes (2.5-9.0). An intubation stylet sized for the pediatric patient will also be carried (6 fr.).

K. Suitable equipment and supplies for collection and temporary storage of two blood samples (Medical Control Option).

L. Syringes, two 1 ml, 3 ml, 10 ml, 20ml, and one 50 ml.

M. Backup power supply for all patient care devices carried.

N. Twelve (12) alcohol and iodine preps for preparing IV injection sites.

O. One (1) roll of tape.

P. Five (5) Band-Aids.

- Q. Intraosseous needles in sizes 14, 18 ga. (1 each).
- R. Four liters of normal saline or other appropriate IV solution.
- S. Dual lumen or LMA airways, age and weight appropriate.
- T. Magill forceps.
 - 1. Adult.
 - 2. Pediatric.
- U. Sharps container.
- V. Pediatric length/weight-based drug dose chart or tape.

Section 1205. Medication and Fluids for Advanced Life Support Air Ambulances. (II)

Such drugs and fluids approved by the Board for possession and administration by EMT's, and specified by the medical control physician, will be carried on the air ambulance. Drugs not included on the approved drug list for paramedics may be carried on board the air ambulance so long as there is a written protocol which is signed and dated by the medical control physician, for the use of the drug and delineates administration only by a registered nurse or physician.

Section 1206. Rescue Exception. (II)

A non-permitted aircraft may be used for occasional non routine missions, such as the rescue and transportation of victim/patients, who may or may not be ill or injured, from structures, depressions, water, cliffs, swamps or isolated scenes, when in the opinion of the rescuers or EMS provider present at the scene, such is the preferred method of rescue and transportation incident thereto due to the nature of the entrapment, condition of the victim, existence of an immediate life-threatening condition, roughness of terrain, time element and other pertinent factors:

A. Provided that after the initial rescue, an EMT or higher level EMS technician accompanies the victim-patient en-route with the necessary and appropriate EMS supplies needed for the en-route care of the specific injuries or illness involved.

B. Provided the aircraft is of adequate size and configuration to effectively make the rescue and to accommodate the victim-patient, attendant(s) and equipment.

C. Provided reasonable space is available inside the aircraft for continued victim-patient comfort and care.

D. Provided a permitted aircraft is not available within a reasonable distance response time; and

E. Provided the victim-patient is transferred to a higher level of EMS ground transportation for stabilization and transport if such ground unit is available at a reasonably safe landing area.

SECTION 1300. PATIENT CARE REPORTS.

Section 1301. Forms Control Officer.

A. Each licensed provider that provides patient care shall appoint a forms control officer to maintain supplies, ensure safe storage, edit to ensure accuracy, and provide monthly reporting to the Department.

B. The Department must be notified of any change in forms control officer within ten (10) days.

Section 1302. Content.

A. The format/design of the patient care report must be approved by the Department, including medium to be used.

B. Patient care reports shall reflect services, treatment, and care provided directly to the patient by the provider including, but not limited to; information required to properly identify the patient, a narrative description of the call from time of first patient contact to final destination, and other information as determined by the Department.

C. All entries shall be indelibly written, authenticated by the author, and dated.

Section 1303. Report Maintenance.

A. The licensed provider shall provide accommodations, space, supplies, and equipment adequate for the protection, security, and storage of patient care reports.

B. The Department copy of the patient care report shall be maintained by the Department for a period of no less than one (1) year. Licensed providers must maintain their copy of the patient care report for no less than ten (10) years on all adult patients and thirteen (13) years for pediatric patients. Reports shall be destroyed after this time period in accordance with state and federal laws.

C. Prior to closure of business, the licensed provider must arrange for preservation of patient care reports to ensure compliance with these regulations. The provider must notify the Department, in writing, describing these arrangements within ten (10) days of closure.

D. In the event of a change of ownership, all patient care reports shall be transferred to the new owner(s).

E. The patient care report is confidential. Reports containing protected or confidential health information shall be made available only to authorized individuals in accordance with state and federal laws.

F. The Department copy of the patient care report, to include "Page 2" and supplemental forms, shall be sent to the Department on or before the fifteenth (15th) of the month following the close of a month along with a monthly summary as specified by the Department.

G. When patient care is transferred, the receiving agency shall receive their copy of the patient care report within a reasonable amount of time, preferably at the time of transfer, to ensure continuity in quality care.

H. Pursuant to Section 44-61-160 of the S.C. Code, a person who intentionally fails to comply with reporting, confidentiality, or disclosure of requirements in this section is subject to a civil penalty of not more than one hundred dollars for a violation of the first time a person fails to comply and not more than five thousand dollars for a subsequent violation.

SECTION 1400. DO NOT RESUSCITATE ORDER.

Section 1401. Purpose and Authority of Emergency Medical Services Do Not Resuscitate Order.

A. Title 44, Chapter 78 of the 1976 S.C. code as amended directs the Department to promulgate regulations necessary to provide directions to emergency medical personnel in identifying and honoring the wishes of patients who have executed a Do Not Resuscitate Order for Emergency Services. The Do Not Resuscitate Order for Emergency Services is commonly referred to as the EMS DNR law.

B. The EMS DNR law is applicable only to resuscitative attempts by EMS providers in the pre-hospital setting such as the declarant's home, a long-term care facility, during transport to or from a health care facility and in other locations outside of acute care hospitals.

C. Specific statutory authority is found in Section 44-78-65.

Section 1402. Definitions.

A. The definitions contained in S.C. Code Section 44-78-15 are hereby incorporated by reference.

B. Agent or Surrogate means a person appointed by the declarant under a Health Care Power of Attorney, executed or made in accordance with the provisions of Sec. 62-5-504 and/or Sec. 44-77-10.

C. Cardiac Arrest means the cessation of a functional heartbeat.

D. Cardiopulmonary Resuscitation or CPR means the use of artificial respirations to support restoration of functional breathing combined with closed chest massage to support restoration of a functional heart beat following cardiac arrest.

E. Department means the South Carolina Department of Health & Environmental Control.

F. Respiratory Arrest (Pulmonary Arrest) means cessation of functional breathing.

G. Do Not Resuscitate Order for Emergency Medical Services marker is a bracelet or necklace that is engraved with the patient's name, the health care provider's name and telephone number and the words "Do Not Resuscitate" or the letters DNR.

Section 1403. General Provisions.

A. The EMS DNR Form. The document which is to be a "Do Not Resuscitate Order" for EMS purposes must be in substantially the following form:

NOTICE TO EMS PERSONNEL

This notice is to inform all emergency medical personnel who may be called to render assistance to

(Name of patient)

that he/she has a terminal condition which has been diagnosed by me and has specifically requested that no resuscitative efforts including artificial stimulation of the cardiopulmonary system by electrical, mechanical, or manual means be made in the event of cardio-pulmonary arrest.

REVOCATION PROCEDURE

THIS FORM MAY BE REVOKED BY AN ORAL STATEMENT BY THE PATIENT TO EMS PERSONNEL, OR BY MUTILATING, OBLITERATING, OR DESTROYING THE DOCUMENT IN ANY MANNER.

Date: _____

Patient's Signature (or Surrogate or Agent)

Physician's Signature

Physician's Address

Physician's Telephone Number

B. Distribution of the EMS DNR Form. The EMS DNR form, along with instructions for execution and a patient information sheet shall be distributed by the Department to health care providers. Informational pamphlets shall be prepared by the Department and made available to other interested parties upon request.

C. Location of the Executed EMS DNR Form. The executed EMS DNR Form shall be placed in a location where the document is easily observed and recognized by EMS personnel. The form shall be displayed in such a manner that it will be visible and protected at all times.

D. EMS DNR Marker. The DNR marker shall be a bracelet or necklace as approved by the Department. The marker may be worn upon the execution of the EMS DNR Document. Wearing of the marker shall not be mandatory but is encouraged. The marker will alert EMS personnel of the probable existence of the EMS DNR document. The marker shall be of metallic construction and shall be unique and easily recognizable. The marker shall contain the patient's name, the health care provider's name and telephone number and the words "Do Not Resuscitate" or the letters DNR.

Section 1404. Revocation of EMS DNR Order.

The EMS DNR Order may be revoked at anytime by the oral expression of the patient to EMS personnel or by the mutilation, obliteration or destruction of the document in any manner. If the order is revoked, EMS personnel shall perform full resuscitation and treatment of the patient.

Section 1405. Patient's Assessment and Intervention.(II)

When EMS Personnel report to a scene, they shall do a patient assessment. If an EMS DNR bracelet or necklace is found during the assessment, EMS personnel shall make a reasonable effort to determine that a EMS DNR form exists and to assure that the EMS DNR form applies to the person on which the assessment is being made. If no DNR form is found, resuscitative measure will be initiated. If after starting resuscitative measures a EMS DNR form is later found, resuscitative measure must be stopped.

Section 1406. Resuscitative Measures to be Withheld or Withdrawn.(II)

In the event that the patient has a valid EMS DNR order, the following procedures shall be withheld or withdrawn.

- A. CPR
- B. Endotracheal intubation and other advanced airway management
- C. Artificial ventilation
- D. Defibrillation
- E. Cardiac resuscitation medication
- F. Cardiac diagnostic monitoring

Section 1407. Procedures to Provide Palliative Treatment.(II)

The following treatment may be provided as appropriate to patients who have executed a valid EMS DNR order.

- A. Suction
- B. Oxygen
- C. Pain medication
- D. Non-cardiac resuscitation medication
- E. Assistance in the maintenance of an open airway as long as such assistance does not include intubation or advanced airway management
- F. Control of bleeding
- G. Comfort care
- H. Support to patient and family

Section 1408. DNR Information for the Patient, the Patient's Family, the Health Care Provider and EMS Personnel.(II)

A. Responsibilities of the patient or his/her Surrogate or agent.
The patient and his/her surrogate or agent shall:

1. Make all care givers aware of the location of the EMS DNR Form and ensure that the form is displayed in such a manner that it will be visible and available to EMS personnel.
2. Be aware of the consequences of refusing resuscitative measures.
3. Be aware that if the form is altered in any manner resuscitative measures will be initiated.

4. Understand that in all cases, supportive care will be provided to the patient.

B. Responsibilities of the Health Care Provider (Physician) The patient's physician:

1. Has determined that the patient has a terminal condition.

2. Has completed the patient's EMS DNR Form.

3. Has explained to the patient and family the consequences of withholding resuscitative care; the medical procedures that will be withheld and the palliative and supportive care that will be administered to the patient.

C. Responsibilities of EMS Personnel

EMS personnel:

1. Will confirm the presence of the EMS DNR Form and the identity of the patient.

2. Upon finding an unaltered EMS DNR Form, will withhold or withdraw resuscitative measures such as CPR, endotracheal intubation or other advanced airway management, artificial ventilation, defibrillation, cardiac resuscitation medication and related procedures.

3. Will provide palliative and supportive treatment such as suctioning the airway, administration of oxygen, control of bleeding, provision of pain and non-cardiac medications, provide comfort care and provide emotional support for the patient and the patient's family.

4. Must have in his possession either the original or a copy of the DNR Order during transport of the patient.

SECTION 1500. Severability.

Section 1501. General.

In the event that any portion of these regulations is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of these regulations, and they shall remain in effect, as if such invalid portions were not originally a part of these regulations.

SECTION 1600. GENERAL.

Section 1601. General.

Conditions that have not been addressed in these regulations shall be managed in accordance with best practices as interpreted by the Department.

Fiscal Impact Statement:

The Department estimates no additional cost will be incurred to the state or its political subdivisions by the implementation of this amendment; therefore, no additional state funding is being requested. Existing staff and resources will be utilized to enforce the amendment to the regulations.

Statement of Need and Reasonableness:

The statement of need and reasonableness was determined by staff analysis pursuant to S.C. Code Section 1-23-115(C)(1)-(3) and (9)-(11).

DESCRIPTION OF REGULATION: R.61-7, *Emergency Medical Services*.

Purpose of Amendment: The Department has conducted its five-year review of its regulations pursuant to S.C. Code, Section 1-23-120. R.61-7 has not been amended since 1997 and thus, the Department has amended this regulation to: bring it up to date with current statutes and practices; update and expand definitions; add enforcement action procedures to include classification of violations and guidelines for monetary penalties; update licensing procedures and requirements; update the standards for ambulance permits; update equipment lists for both ground and air ambulances; update sections related to training and certification of EMTs; add a section which provides for patient records; add a severability clause; and revise style, language and grammar for clarity, readability and consistency. See Discussion below and Statement of Need and Reasonableness herein.

Legal Authority for R.61-7 are Sections 44-61-30 (Supp.2004) and 44-78-65 (2002) of the S.C. Code.

Plan for Implementation: This amendment will take effect upon publication in the *State Register* following approval by the Board of Health and Environmental Control and the S.C. General Assembly. This amendment will be implemented by providing the regulated community with copies of the regulation and enforced through inspections and investigations by the Department.

DETERMINATION OF NEED AND REASONABLENESS OF THIS REGULATION BASED ON ALL FACTORS HEREIN AND EXPECTED BENEFIT:

R.61-7 was last amended in 1997. Section 1-23-120 of the Administrative Procedures Act requires state agencies to perform a review of their regulations every five years and update them if necessary.

This amendment is needed and reasonable in order to bring it up to date with current statutes. Several changes to statute occurred in 2004 with the successful amendment of the Emergency Medical Services Act of South Carolina including provisions to protect the public from: individuals under indictment for or convicted of certain felonies; services not maintaining proper equipment or personnel; and unauthorized disclosure of confidential health information. The amendments to this regulation shall detail the procedures necessary for services and emergency medical personnel to comply with statute.

This amendment is needed and reasonable in order to update and improve the overall quality of the regulation.

This amendment is needed and reasonable because it will clarify/add to the current regulation in a manner that will improve methods to improve quality care/treatment/services to patients.

This amendment is needed and reasonable because it will update the current regulation by incorporating certain exceptions/guidances that the Department has implemented since the last revision. For example, the state has adopted the National Registry as the certification standard for initial

certification of all levels of emergency medical technicians. National Registry Standards, which adhere to the National Standard Training Curricula, are more stringent and reliable than the outdated state standards. Certification and training requirements pursuant the National Registry Standards shall be outlined in this amendment.

This amendment is needed and reasonable because it provides for the changes to Section 44-61-70 (Supp. 2004) of the S.C. Code that mandates a schedule of fines be included in R.61-7.

This amendment is needed and reasonable because it provides for enforcement actions and violation classifications that were not addressed in the previous edition of the regulation.

DETERMINATION OF COSTS AND BENEFITS: There will be no cost to the state and its political subdivisions. There will be an additional cost to the regulated community in that there will be monetary penalties incurred for violation of regulation. Those in the community who are compliant with regulation shall incur no cost.

UNCERTAINTIES OF ESTIMATES: None

EFFECT ON ENVIRONMENT AND PUBLIC HEALTH: There will be no effect on the environment. Public health will benefit in that emergency medical personnel and licensed services shall be held accountable to a higher standard.

DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE REGULATION AMENDMENT IS NOT IMPLEMENTED: There will be no adverse effect on the public health if the revision of the regulation is not implemented; however, the public will not receive the benefit of improved/updated standards and there shall be an inconsistency with the law.

Statement of Rationale Pursuant to S.C. Code Section 1-23-120.

Department staff, the EMS Advisory Council, and EMS Medical Control Committee determined during its review of R.61-7 that it was appropriate to revise the regulation. R.61-7 was last amended in 1997. Since that time, several changes to law, best practices, and standards have occurred. See the Statement of Need and Reasonableness above for more information regarding the factors influencing the decision to revise the regulation.